

**SOUTH CAROLINA'S
INTERIM PROGRESS REPORT
AND CONTINUATION
APPLICATION FOR CY07**
Award Number U62/CCU423484

**HIV PREVENTION PROJECTS
CFDA 93.940
FOA 04012CONT**

**STD/HIV Division
SCDHEC**

September 12, 2006

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South Carolina's Interim Progress Report
Activities Accomplished Between January 1 And June 30, 2006
Activities Planned For January 1 Through December 31, 2007

HIV COUNSELING, TESTING, AND REFERRAL SERVICES (CTR)

- 1) Please provide the following information on CTR services implemented throughout the jurisdiction between January 1 and June 30, 2006.**

CTR: First Half of 2006

Names of grantees/contractors that provided CTR (include state and local health departments)	HIV testing technologies used (e.g., oral rapid test, conventional test)	HIV testing locations (e.g., agency, clinic, van in community, county jail)
46 County Health Departments -8 Regions plus Central Office staff	Oral and conventional test	Local County Health Departments, jails, multiple community sites
Anderson, Greenville, Spartanburg Pickens, Rock Hill, Lexington, Richland County , Northwoods, Charleston, Berkeley	Rapid Test	Selected Local County Health Department Sites
Acercamiento Hispano, CARETEAM, Catawba Care Coalition, Low Country Health Care System, OCAB Community Action Agency, Upper Savannah Care Consortium	Oral test	Local High Risk Areas, Detention Centers and County Jails, Barber and Beauty Shops
ACCESS Network, AID Upstate, Lowcountry AIDS Services, Spartanburg Alcohol and Drug Abuse Commission	Oral and Rapid Test	Local High Risk Areas, Detention Centers and County Jails, Barber and Beauty Shops, Detox Center
Tri-County Commission Phoenix Center, Anderson Behavior Health System Sumter Commission, Charleston Center	Rapid Test	Trained though DAODAS/ SAMSHA Grant to conduct Rapid Test on Site at the Alcohol And Drug Abuse Agencies

Number of clients tested	Number of clients who received test results/learned their HIV serostatus	Number of confirmed positive tests	Number of newly-identified confirmed positive tests
Conventional Health Depts. 26,330	(not available)	290	185
OraSure Contractors 746	(not available)	13	8
Rapid (OraQuick) Health Depts: 314	314	10 (12 prelim.pos)	NA
Contractors: 678	678	NA (14 prelim pos)	NA
AOD partners: 100	100	0 (0 prelim pos)	0
Total Rapid: 1093	1093	NA (26 prelim.pos)	NA

- 2) **Indicate the seropositivity rate (%) for each type of test (e.g., oral rapid test, conventional test): number of newly-identified confirmed positive tests divided by number of clients tested x 100 = xx%**

Clinic	Type of Test	Seropositivity Rate (%)
Health Dept. STD clinic	Conventional	0.6%
Health Dept. HIV-only	Conventional	5.3%
Health Dept. All Other Sites/clinics	Conventional	0.3%
Health Dept.	Rapid Test	3.2%(see note)
Contactors	Rapid Test	2.1% (see note)
Contractors	OraSure	1.1%

Note: for rapid tests, we are unable at this time to link to HARS to determine if newly diagnosed or not. We expect to be able to obtain this data by end of CY2006.

- 3) **Did you ask your grantees/contractors that were funded for CTR to change their staffing, protocols, policies, or procedures so that greater numbers of persons with newly-identified confirmed positive tests could be located?**

☐

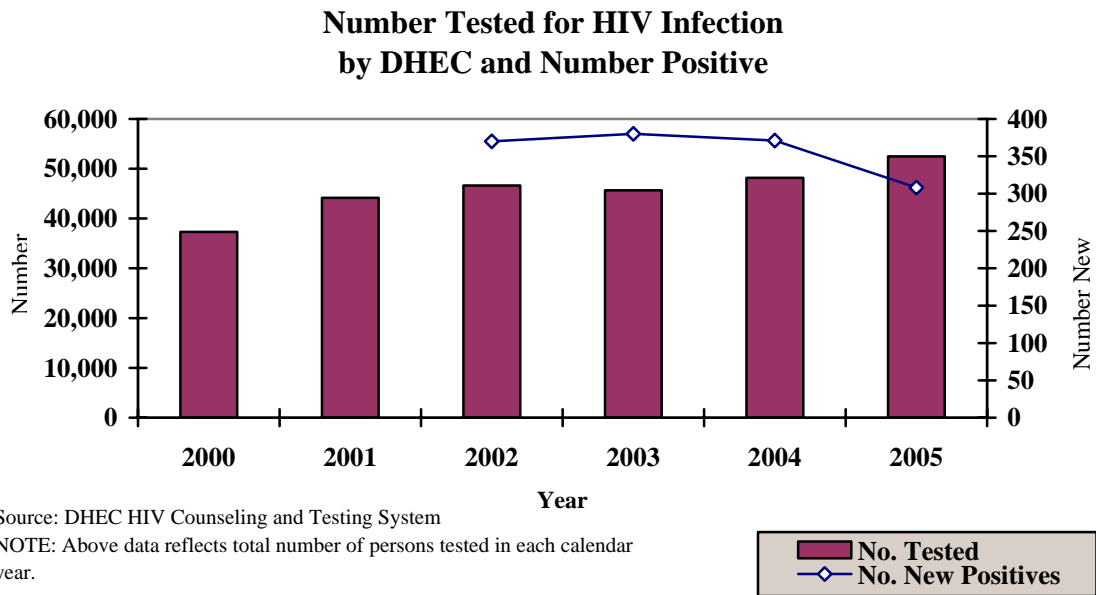
Yes

☒

No

We continually ask contractors to focus on high risk clients, to work closely with Disease Intervention Specialist (DIS) in their local areas in order to identify “hot spots” and to conduct assessments to ensure they are targeting resources to those who are most likely to test positive. Encouraged test providers to get as much information during their initial assessment in order to be able to locate and return test results to clients, including DIS as needed in the pre-test counseling.

- a) **If yes, what changes did you ask for?**
 - b) **What changes were made?**
- 4) **Briefly explain the greatest challenges you face in efforts to increase the number of newly-identified confirmed positive tests in your jurisdiction.**
- HIV tests are conducted in all local health department clinics (STD, Family Planning, TB and HIV-only). The tests are supported with a variety of funding sources, including CDC HIV Prevention. The total number of tests performed has increased 12% from 2003 to 2005; however, the number of newly diagnosed persons decreased 17% from 2004 to 2005 (see chart below). Four counties receive Family Planning HIV counseling and testing grants from Office of Population Affairs and are testing more women in FP clinics (Richland, Orangeburg, Sumter and Charleston); other sites are testing more persons in outreach and other clinic sites. As the number of tests increases, the number of new diagnoses should not change unless the population tested is significantly different (higher or lower risk). The Jan – June 2006 data indicate the number of new diagnosis may be similar to 2004 numbers, e.g. 2005 may have been an aberration. There are variances of new diagnoses by clinic, e.g. as noted in the table above, the percent of new diagnosis in the STD clinic was 0.6%, but the percent of new diagnosis in the voluntary HIV services was 5.3%.



- HIV Prevention Contractors experienced OraSure Reagent shortages three times during this reporting period. For those only trained to do OraSure Testing this caused some inconveniences for offering testing. However HIV Prevention Contract staff coordinated offering customers OraQuick or Conventional Testing with the local health departments.

- Rapid Testing Training and Quality Assurance Monitoring has been delayed and will be offered later this year. MayaTech, which has provided the training in the past in South Carolina, just received funding approval (from CDC) at the beginning of August 2006. They are presently working on contracts for offering technical training on use of the rapid test in late October. Also, there has been staff turn-over in the STD/HIV Division we have not been able to offer the counseling component of Rapid Test training as well as to conduct as many QA visits as we would like.
- STD/HIV Division staff will provide on-going technical assistance and consultation on conducting successful outreach in the areas of high risk and prevalence. Staff Program Coordinator will involve DIS Consultants and Supervisors to assist with this training in order to provide and share information to HIV Prevention Contractors to increase numbers of positives be located during testing events.

5) To what extent is routine STD screening performed at the time of HIV counseling and testing? Please identify the sites or HIV CTR venues where STD screening takes place.

Sites where STD screening takes place are:

- Local health departments (46 counties) routinely offer an RPR for clients seeking HIV counseling and testing services when a conventional serum specimen is collected. Protocols for all clients who test positive for HIV include providing an RPR and Hepatitis C test.
- The STD/HIV Division's mobile screening staff routinely offer HIV and RPR screening in community settings, and conduct chlamydia and gonorrhea screening in jails and most community settings. See STD prevention for summary of tests conducted during January – June 2006.
- The STD/HIV Division's syphilis elimination community contractor, SC HIV/AIDS Council, routinely provides screening for syphilis (RPR) for all clients who seek HIV testing services in their office site.
- Staff would like to expand opportunities for chlamydia and gonorrhea screening (via urine specimens) to SCHAC and by DHEC staff in other community settings, however, lack funds for laboratory testing prohibit expansion.

6) Identify up to three specific actions you plan to take in 2007 to improve the jurisdiction-wide seropositivity rate for newly-identified confirmed positive tests. Actions may address health department and grantee/contractor testing as well as testing in medical settings.

For each of the actions, briefly explain how you will monitor your progress for implementation and outcomes.

- Continue to offer CTR services through each county health department (46 sites), DHEC mobile screening program, and 12 contracts with community organizations. Over 50,000 tests will be conducted in 2007 through local health departments and over 3000 tests were provided by community contractors, and alcohol and drug abuse agency partners funded under our DADOAS contract. Monitoring for progress is done by analyzing quarterly CTS reports from the DHEC Bureau of Laboratories, from contractors, through data linkage to the HIV/AIDS Reporting System (to determine new diagnoses rates), and through chart review.
- Conduct fundamentals of prevention counseling training 6 times in 2007 for 80 new staff in health departments and community organizations under contract with DHEC, direct-funded CBOs and other partners. Conduct 3 trainings addressing clients who test positive, 1 addressing recruitment strategies, and 2 addressing issues for MSM. Also, conduct at least 8 rapid testing training sessions to local health department staff. A training calendar is established for the year, and participation in trainings is tracked through the use of TRAMS, an internal DHEC data system for DHEC staff, and Access for tracking participation from HIV prevention contractors and other community partners.

Other activities include:

- Provide on going technical assistance and quality assurance for rapid testing by state office STD/HIV Division and Bureau of Labs Staff. The CTRS Program Coordinator will document sites visits and on-going assistance provided to local health department staff and contractors.
- STD/ HIV Division Program Coordinator will organize joint meetings with the DHEC Disease Intervention Specialist and HIV Prevention Contractors to establish more effective working relationships and communications and request DIS assistance in identifying high risk populations and infection areas/sites where persons would benefit from being tested.
- Provide technical assistance to the HIV Social Workers and Prevention Contractors on Social Networking using these skills and knowledge for assessing and avenues to do community outreach and testing of persons at greatest risk for HIV/AIDS.
- HIV Prevention Contractors will identify community sites for testing activities (Rapid and OraSure) in confidential and supportive areas for persons that choose not to use the local Health Department HIV/STD services.
- Continue to leverage several funding sources to pay for costs to deliver CTS services including HIV cooperative agreement; syphilis elimination; federal Alcohol and Drug Abuse block grant funds via contract with SC Dept. of Alcohol and Other Drug Abuse Services; Ryan White Title IV; and Office of Population Affairs Title X funds targeting Family Planning clients in 4 counties (Richland, Orangeburg, Charleston and Sumter).

HIV PARTNER COUNSELING AND REFERRAL SERVICES (PCRS)

- 1) **Did any of your grantees/contractors perform any aspect of PCRS between January 1 and June 30, 2006?**



Yes



No

If yes, please name the grantees and succinctly identify their PCRS activities.

Local health department DIS staff provide HIV PCRS activities in each of the 8 public health regions of the state. Health department staff conduct partner notification follow up for all newly reported persons with HIV/AIDS in the state. No aspect of PCRS is conducted by contracted agencies. Note: local health departments are not grantees, but are the health department.

- 2) **For all PCRS that took place between January and June 2006, provide the following information.**

PCRS: First Half of 2006*

Number of persons living with HIV (clients) who were offered PCRS	Number of clients who agreed to PCRS	Number of partners identified for notification	Number of partners notified by clients	Number of partners notified by health department grantees/contractors	Number of partners notified by health department	Number of partners who received HIV tests	Number of partners who received newly-identified confirmed positive test results
422	395	1021 (772 excluding previous positive)	NA	NA	Excluding previous positive = 581	517	84 (16% of tested partners)

- 3) **Did health department staff or staff of grantees/contractors use rapid testing at the time of partner notification to test partners of HIV-infected clients?**



Yes



No

- 4) **Did you make any changes to health department staffing, protocols, policies, or procedures so that greater numbers of partners with newly-identified confirmed positive tests could be located?**



Yes



No

If yes, note what these changes are.

5) Identify up to three specific actions you plan to take in 2007 to increase the number of partners identified by clients living with HIV who receive HIV counseling and testing. For each of the actions, briefly explain how you will monitor your progress for implementation and outcomes.

1. Continue to implement program standards developed in 2004 that include clustering (DIS routinely inquiring about other persons in the social network of HIV infected persons that they believe will benefit from testing). Division PCRS consultant staff monitor performance through quarterly reports provided via EpiInfo and HARS. Follow up training and technical assistance will be provided to regions/staff that consistently do not meet standards. Examples of selected standards designed to increase number of partners identified and achievement for January – June 2006 are:

	State Standard	Jan – June 2006
Cluster Index (900 & 901):	1.00	.58
% All New HIV Partners Tested	75%	60%
% All New Clusters Tested	75%	68%

2. To increase acceptability of PCRS services among newly reported HIV cases from non-health department providers, staff will design print materials for both providers and clients that explain how PCRS is provided and how to ensure a confidential services. Providers can facilitate acceptance of PCRS by ‘setting the stage’ with newly diagnosed persons that health department staff will be contacting them or in some areas, DIS staff may be available at the care provider’s office to provide PCRS on-site if the client agrees. This helps alleviate confidentiality concerns about being contacted at home, etc. Co-location also can reduce the follow up time DIS may spend in finding and contacting an HIV patient to set up the interview. Staff will explore other ideas for enhancing PCRS services by working with providers include provider interviews, education of other non-Ryan White providers, sensitivity training for new DIS staff, and hosting “CQI” with consumers to obtain their input. Efforts will be monitored by quarterly DIS meetings, reviewing PCRS data by individual staff and region performance, and periodic conversations with key providers on feedback received from clients.

3. Staff were trained on use of notifying contacts via email in 2005 by Texas Department of Health staff who provided best practices training based on their experiences in one local health department. Procedures for using email to notify contacts to HIV or syphilis when no other locating information is provided have been developed for SC staff. In 2007, Division staff will

continue to encourage local staff to use emails in order to notify contacts. Additional strategies used in other states/cities will be explored for possible use here, especially with MSM populations. Monitoring will occur via review of DIS epi records; review of emails to assess content, language, etc., and review of PCRS data on number of contacts notified per DIS staff, etc.

PERINATAL TRANSMISSION PREVENTION (All Jurisdictions)

- 1) Summarize the major actions taken and the outcomes of those actions *between January 1 and June 30, 2006* to:**
 - a. work with health care providers to promote routine, universal HIV screening of all pregnant patients early in pregnancy; and**
 - b. work with organizations and institutions involved in prenatal and postnatal care for HIV-infected women to ensure that appropriate HIV prevention counseling, testing, and therapies are provided to reduce the risk of transmission.**

Systems/Provider Education/Training Activities:

The program coordinator of the SC Family, Adolescent and Child HIV Services (Kim Brown, funded 75% Ryan White Title IV and 25% by CDC Perinatal Prevention funds) assures linkages/coordination with Ryan White Title II, III and IV programs and Maternal Child Health Services. This includes focused discussions on promoting routine screening and delivery of appropriate therapies. During the report period examples of activities include:

January – June 2006:

- Collaborated with SC Department of Health & Environmental Control, Division of Perinatal Systems, Regional System Developers to increase rates of HIV testing of all pregnant women, assess barriers/capacity and develop solutions for HIV testing of all pregnant women to insure early identification of all HIV exposed infants. The Division of Perinatal Services has a perinatal regionalization program. The four Regional System Developers (RSDs) have direct relationships and responsibility for providing technical assistance and consultation to the 50-licensed delivery hospitals and medical providers in the state with a goal of improving perinatal outcomes and reducing infant mortality. During the reporting period, the RSDs assisted the HIV Perinatal Prevention Coordinator in assessing and increasing the number of delivery hospitals using rapid HIV testing in labor & delivery.
- The Perinatal Prevention Coordinator and MCH staff – Perinatal Regional Systems Developers (RSDs) conducted three Regional meetings in December 2005 and January 2006 with the Perinatal Regional System Boards (hospital perinatal staff) to discuss having rapid testing policies for women presenting in Labor & Delivery without documented HIV test status. DHEC's prenatal HIV screening recommendations for repeat 3rd trimester testing in geographic areas of high prevalence was promoted as well. Currently 16 of the 50 licensed delivery hospitals have written policies regarding Rapid HIV Testing of women presenting to

labor and delivery units with undocumented HIV status. These hospitals are located in the areas of highest prevalence in the state.

- Meetings with perinatal system providers prompted calls to the DHEC STD/HIV Hotline with questions about rapid testing in labor and delivery, DHEC's prenatal screening recommendations, and requests for information about the National HIV/AIDS Clinician's Consultation Center, Warmline, PEpline and Perinatal Hotline.
- The program coordinator and health education staff collaborated to provide in-service training to DHEC STD/HIV Hotline staff to insure consistent and accurate responses were provided about perinatal prevention.
- Health education staff, Linda Brown targets maternal child health partners and social service agencies across the state to provide staff development sessions focusing on perinatal prevention messages. She provided HIV prevention education to health department family planning staff. She also provided consultation, technical assistance and prevention updates to the SC campaign to Prevent Teen Pregnancy, Pregnant and Parenting Teen Provider Network (PPTPN).
- Collaborated with the SC HIV/AIDS Clinical Training Center to assess for targeted interventions for hospitals and providers involved in prenatal and postnatal care for pregnant women living in the highest HIV prevalence areas of the state, receive appropriate HIV prevention counseling, testing, and therapies are provided to reduce the risk of transmission.
- Collaborated with the Office on Women's Health, Department of Health & Human Services-Region IV to provide technical assistance and resource materials to Brookland Baptist Church on programming on national Women & Girls HIV/AIDS Awareness Day.

Perinatal Prevention Case Management Activities:

During the first six months of 2006, 30 HIV infected pregnant women received prevention case management services by the two staff at University of SC Department of Medicine (USC), and one staff at Medical University of S.C. Perinatal case management staffs provide education, counseling, advocacy, and coordination of services to HIV infected women during pregnancy and the postpartum period. Because of the reduction in program support, the contract with MUSC expired in May 2006.

- 2) **Briefly summarize the testing laws and regulations in your jurisdiction that pertain to HIV testing of pregnant women. If your law does not follow the opt-out model, what efforts have you undertaken (or do you plan to take) to address this barrier?**

There are no laws in S.C. that pertain to HIV testing of pregnant women.

In South Carolina, per the SC Department of Health & Environmental Control, Disease Control,

STD/HIV Division recommends that all pregnant women receive an HIV test using the opt-out model. Providers are advised to inform and test unless patient specifically refuses.

Pregnant women with risk factors of: HIV infected partner or partner at risk for HIV, new or multiple partners during pregnancy, illicit drug use, history of sexually transmitted disease during this pregnancy or one year prior to pregnancy, exchanges sex for money or drugs, or signs and symptoms of acute HIV infection or primary syphilis should be re-screened for HIV during the **third trimester** (28–32 weeks).

Providers with patients from counties/areas with high rates of HIV among women of childbearing age and/or high rates of syphilis are advised to consider **routine universal retesting** for syphilis and HIV during the third trimester.

Additionally, SC DHEC recommends, all women with unknown or undocumented HIV status should receive rapid HIV screening at delivery.

By law, labs and providers are required to report all positive tests to the health department.

3) What specific perinatal HIV transmission prevention programs have you planned for *January through December 2007*? Please differentiate new and ongoing programs and identify collaborating partners when describing these programs.

- a. What outcomes do you expect to achieve with the planned programs?**
- b. How will you determine if outcomes were met?**

- To continue to provide Systems/Provider Education/Training Activities. The program coordinator will continue to collaborate to plan, direct, and manage system/provider education and training activities in collaboration with Maternal Child Health partners and the SC HIV/AIDS Clinical Training Center. This includes focused discussions on promoting routine screening and delivery of appropriate therapies. The program objective for 2007 is to increase by 5 the number of delivery hospitals with written policies incorporating SCDHEC recommendations for rapid HIV testing of pregnant women presenting to Labor & Delivery with undocumented HIV status. The coordinator with the support of MCH partners, Regional Perinatal System Developers will survey delivery hospitals to determine if outcomes are met.
- We will continue to provide Perinatal Prevention Case Management activities through a contract with the University of SC Department of Medicine (USC) Perinatal case management staff provide education, counseling, advocacy, and coordination of services to HIV infected women during pregnancy and the postpartum period. The program goal for 2007 is to provide Prevention Case Management services to at least 30 pregnant women living with HIV. Staff providing case management services will provide aggregate and individualized data regarding women receiving case management services.

- **Jurisdictions that Receive Supplemental Funds for Perinatal Prevention**

1) Summarize the major actions taken and the outcomes of those actions *between January 1 and June 30, 2006* to achieve routine, universal HIV screening for the following hard-to-reach groups, incorporating HIV rapid testing when possible:

- **pregnant women at high risk of acquiring HIV,**
- **women who do not receive prenatal care, and**
- **women who arrive at labor and delivery with undocumented HIV status.**

Presentations and trainings done in CY2005 and January – June 2006 resulted in more perinatal providers becoming aware of screening recommendations as evidenced by our receiving more calls to our hotline asking about prenatal testing recommendations. The workshops and collaborative efforts with Ryan White providers also resulted in more hospitals implementing rapid testing for women during labor and delivery.

The key external partners we have collaborated with are the SC Perinatal Association and March of Dimes who have assisted us in setting up training events and providing updates to perinatal providers. The University of South Carolina, Department of Medicine is the Division's contractor for Ryan White Title II care services and also home for the SC AIDS Clinical Training Center (Emory University's contractor for AIDS clinical training). The Training Center has been essential in providing clinical trainings to prenatal providers and assisting with training hospital staff around rapid testing.

Ryan White Title IV pediatric providers have been instrumental in assisting to provide training, contacting specific hospitals or providers when a specific prevention step is missed, e.g. third trimester screening, or a hospital not providing zidovudine syrup for the infant upon discharge (vs a prescription), or hospital not providing rapid testing during Labor and Delivery, etc.

DHEC assisted CDC's Division of HIV perinatal prevention staff to coordinate random hospital chart abstractions during 2004/2005 to determine prenatal screening rates for HIV, syphilis, chlamydia, hepatitis B, group B Strep, and rubella. Ten hospitals serving counties with high HIV incidence among childbearing women were selected. Live births between January 1 – December 31, 2003 were selected to sample; 220 charts per hospital were reviewed. Prenatal care was received by 98.7% of the women selected for chart review. Preliminary results of the chart review are presented below:

Percent with Documented Screening for: ($n = 2,407$)

Group B Strep	78.5%
HbsAg	95.8%
Rubella	82.0%
Syphilis	89.8%
Chlamydia	78.9%

HIV

85.5%

CDC's contractor, RTI, prepared the results that were presented at the National HIV Perinatal Prevention meeting in June 2006. Future analysis will provide information comparing screening rates by hospital characteristics & compare screening rates by mother's characteristics (payment source for labor & delivery, Kessner Index, Country of birth).

- 2) **Grantees funded for perinatal HIV prevention activities are responsible for completing the Evaluation Protocol on a regular basis. What barriers exist to completion of these documents, specifically the outcome data measuring HIV testing and treatment rates among pregnant women and perinatal HIV transmission rates?**

No significant barriers exist in the completion of these documents. We rely on HARS data to complete the documents. South Carolina receives Enhanced Perinatal Surveillance funds which increases our capacity for data collection; our only barrier is the timeliness of data available, e.g. time lag for reporting or determining final testing results for exposed infants.

- 3) **As specified in the request for this interim progress report, please provide a line-item and justified budget for the period January 1, 2007 through December 31, 2007.**

Budget and justification are included in this application.

COMMUNITY PLANNING

- 1) **Did you make any changes to the ranking of target populations in the jurisdiction-wide comprehensive HIV prevention plan?**
☐ Yes ☒ No
- 2) **Did you make any changes to the plan's identification of programs and services for priority populations?**
☒ Yes ☐ No

If yes, please explain those changes.

Project RESPECT was added as an ILI to Table 3 on page 3.6 of the plan.

- 3) **CDC's current community planning guidance (2003) describes the responsibilities of health departments, community planning groups, and CDC in the community planning process. Among the health department's responsibilities is the responsibility to "Provide regular updates to the CPG on successes and barriers encountered in implementing the HIV prevention services described in the comprehensive HIV prevention plan."**

Briefly discuss ways the health department communicated with the CPG about prevention services carried out between January 1 and June 30, 2006. Include brief discussion of how CPG members responded to the information, including their suggestions and health department next steps.

Information about prevention services is included at each HPC quarterly meeting by the HIV prevention program manager and HIV prevention program staff. Information and updates are also provided by email correspondence. Specifically, the following information was provided:

Results of a provider survey to obtain input about SISTA and VOICES (how it is used in South Carolina, challenges, and changes made to overcome those challenges) was made at the May 2006 meeting. Additionally, a motion was made to add Project RESPECT as a recommended Program Model for ILIs in the SC HIV Prevention Plan for 2005-2008. The motion was seconded, discussed, and passed unanimously.

Two special workgroups, one on alcohol and other drug (AOD) issues and one on men who have sex with men (MSM), have been formed to discuss issues and special challenges related to those populations. The AOD Workgroup has identified training needs, is providing training opportunities and planning presentations, including those at the statewide HIV/STD Conference in October, and is working on a specific training curriculum for professionals with little/no knowledge of AOD and HIV. The MSM Workgroup is developing an application for persons interested in participating in the workgroup and has also planned a presentation for the December HPC meeting on working with this population.

The following data sources have also been discussed and presentations will be made at HPC meetings:

- Process monitoring data from prevention for 2004 and 2005 will be shared at the HPC quarterly meeting on August 22, 2006;
- **PEMS** data, when available;
- **Provide** data from the CADR (CARE Act Data Report); and
- Data from the Medical Morbidity Project (CDC, HIV Surveillance Project).

Council members have been particularly interested in identifying and reviewing data from various sources and its implications for prevention. The Needs Assessment Committee has also identified gaps in data (i.e., for Hispanic and transgender populations) and is working to fill those gaps.

4) Succinctly discuss what effort, if any, was made between January and June to coordinate HIV prevention planning and Ryan White CARE Act planning?

The S.C. HIV Planning Council (HPC) is an integrated prevention and care planning group that includes both Ryan White Care and HIV Prevention providers and staff at the quarterly meetings. Two meetings have been held in 2006: February 22, and May 24, as well as a special

overview of the DEBI programs on May 23 organized specifically for and delivered to HPC members. The following information was shared:

- A copy of the 2005 Needs Assessment final report from focus groups of persons living with HIV who are in care and persons who are out of care, including their specific needs related to HIV prevention and care, was shared with members at the February meeting.
- A presentation was made at the February meeting on the results of the 2005 Membership Survey.
- A presentation was made at the May meeting on the University of South Carolina/Claflin EXPORT Center for Partnerships to eliminate Health Disparities in Cancer and HIV: Community Partnerships and Outreach Core. This presentation focused on the specific link between HIV and HPV-related cervical cancer as well as the importance of the newly FDA approved HPV vaccine.
- A presentation was made at the May meeting on the Epidemiologic Characterization of Individuals Newly Reported with HIV Infection in SC: May 2004-April 2005. This presentation examined missed opportunities for testing and early intervention.
- A daylong training was conducted on the Diffusion of Effective Behavioral Interventions (DEBI) for members of the HPC. This training was specifically requested in order to increase the knowledge of care providers and consumers about the DEBIs and their use in South Carolina.
- A presentation was made on the FACES project (Females Accepting Change Equals Success), a federal Office of Women's Health-funded project to implement SISTA in African American sororities in SC.

An overview of PEMS was requested by and presented at the May HPC meeting for members of the Care and Support Services Committee. Additionally, a presentation to the HPC on process monitoring data from prevention for 2004-5 has been scheduled for the August meeting to familiarize members with data that has been collected. When PEMS data reports are available, a presentation will be scheduled for a quarterly meeting of the HPC.

5) Identify up to three specific actions you plan to take in 2007 to improve information sharing between the health department and CPG. Note what types of information/data you plan to share with CPG members, how you expect them to use the information/data, and what information you would like CPG members to provide the health department. For each of the actions, briefly explain how you will monitor your progress for implementation and outcomes.

- The HPC has identified rich sources of data that have tremendous implications for HIV prevention in South Carolina. These data sources originate from (1) prevention and care service providers funded by DHEC, (2) CDC directly funded providers, and (3) agencies/organizations outside of the DHEC- and CDC-funded systems. This includes:
 - o Data from **PEMS**;
 - o data from the *Provide* system of care reporting;
 - o data from the Medical Monitoring Project (MMP);

- o data reported to CDC from its directly funded organizations in South Carolina (SC HIV/AIDS Council, PALSS, and HopeHealth); and
- o data from other organizations/agencies that may be identified (i.e., University of SC School of Public Health; SC State University; SC Department of Health and Human Services, SC Budget and Control Board, etc.).

It is expected that HPC members will help identify other existing or potential sources of data, review current data for its implications to HIV prevention and care, develop recommendations from the review of the data, and identify further areas of study or follow-up. The Executive Committee, Needs Assessment Committee, Prevention Committee, Care and Support Services Committee, and Consumer Advisory Committee will schedule and/or recommend presentations and action steps to their committees and/or the full HPC based on the review of the data. These presentations and action steps will be included on agendas and in minutes of meetings, as well as reported to the CDC in DHEC progress reports.

- The Needs Assessment Committee has identified two areas where gaps exist in data. These include the Hispanic/Latino community and the transgender community. Efforts are being made to schedule capacity building activities for HPC members and prevention and care providers for working with these communities, to identify any existing sources of data on these populations, and to identify individuals or groups willing to participate in needs assessment activities such as focus groups, interviews, or surveys. Updates on progress in these areas will be presented to HPC members, input sought as to future direction and action steps, and reported to the CDC in DHEC progress reports.
- Consumers who are living with HIV are a rich source of data. Their individual experiences, knowledge of services and providers, provider interactions, and social networks within their communities can provide a wealth of data and contacts for use in collecting information on improving HIV prevention and care activities as well as identifying needs and gaps in service provision. The Consumer Advisory Committee is working to develop a speakers bureau to empower consumers as well as build their capacity for serving as a resource in their community and state. It has plans to work with its members to identify social networks of individuals willing to come forward with information from specific communities, including hard-to-reach populations. With the planned integration of members from the Consumer Advisory Workgroup from the Ryan White programs, it is expected that input from consumers will increase and that existing gaps in data will decrease due to added input and data from populations such as transgender persons and injecting drug users. Persons from those populations who are unable and or unwilling to attend meetings will be able to provide information to their consumer peers and, thus, to the HPC. Updates on progress in these areas will be presented to HPC members, input sought as to future direction and action steps, and reported to the CDC in DHEC progress reports.

6) Please provide information on your community planning group.

This information is requested by the Prevention Program Branch and is not part of PEMS. You do not need to refer to any materials on community planning previously sent to you.

Total Number of Voting CPG Members as of June 1, 2006: _25

Total Number of Non-Voting Members as of June 1, 2006: _2*

*Other DHEC staff, community partners, or interested others may attend the HPC meetings in a support role, but they are not considered *members* of the Council and do not have a vote.

Complete Tables A, B, C, and D based on CPG membership as of June 1, 2006.

We recognize that one person can “fit” into more than one description/cell of the tables and that this will affect total counts. Please do your best to count a member under the category that provides the best descriptive “fit” for that person’s membership.

Based on the race and ethnicity variables in the columns across the top of Tables A and B, indicate the number of CPG members with the characteristics listed in the left-hand rows of the table. If there are no CPG members with a characteristic, put “0” instead of leaving the cell of the table blank.

TABLE A: Demographic Information on Voting CPG Members

NOTE: Gender and transmission risks and HIV status should be self-identified.

	Latino/ Latina	More Than One Race	Black or African American	Ameri can Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	White	TOTAL NUMB ER
Male	1	0	6	0	0	0	3	10
Female	0	0	10	0	0	0	5	15
Transgender MTF	0	0	0	0	0	0	0	0
Transgender FTM	0	0	0	0	0	0	0	0
MSM	0	0	4	0	0	0	3	7
High Risk Heterosexual	0	0	3	0	0	0	2	5
IDU	0	0	1	0	0	0	1	2
MSM/IDU	0	0	0	0	0	0	1	1
Living with HIV/AIDS	0	0	5	0	0	0	2	7

TABLE B: Demographic Information on Non-Voting CPG Members

NOTE: Gender and transmission risks and HIV status should be self-identified.

	Latino/ Latina	More Than One Race	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Pacific Islander	White	TOTAL NUMBER
Male	0	0	0	0	0	0	0	0*
Female	0	0	0	0	0	0	2	2*
Transgender MTF	0	0	0	0	0	0	0	0*
Transgender FTM	0	0	0	0	0	0	0	0*
MSM	0	0	0	0	0	0	0	0*
High Risk Heterosexual	0	0	0	0	0	0	0	0*
IDU	0	0	0	0	0	0	0	0*
MSM/IDU	0	0	0	0	0	0	0	0*
Living with HIV/AIDS	0	0	0	0	0	0	0	0*

*Only two persons who serve on the HPC are Non-Voting CPG Members. Other persons may be requested to attend HPC meetings and/or serve in a support or professional role (i.e., epidemiologist, evaluator, physician, faith leader, etc.), but are not **members** of the Council.

TABLE C: Job Related/Professional and Community Representation of Voting CPG Members

Professional and Community Representation	Number of Voting CPG Members
Health department HIV/AIDS staff	1
Health department STD/STI staff	1
Health department hepatitis staff	0
Health department tuberculosis staff	0
Health department epidemiologist	0
Other health department staff (identify):	0
Non-Health Department Staff:	
Health or health services researchers	0
Program evaluators	0
Behavioral or social scientists	1
Representatives of the substance abuse community	1
Representatives of the mental health community	0
Representatives of the education community	1
Representatives of the corrections/criminal justice community	1
Medical doctors	0

Professional and Community Representation	Number of Voting CPG Members
Staff from community-based HIV prevention agencies	See below*
Staff from community-based social service agencies	2
Faith leaders	1
Community members interested in or affected by HIV/AIDS	2
Other (identify): *ASOs providing HIV prevention/case management services (no care services provided)	6
Other (identify): *ASOs funded for HIV prevention <u>and</u> care/support services	5
Other (identify): *community-based agencies or consortia providing HIV care and support services <u>only</u>	3
TOTAL Number of Voting CPG Members	25

TABLE D: Job Related/Professional and Community Representation of Non-Voting CPG Members

Professional and Community Representation	Number of Non-Voting CPG Members
Health department HIV/AIDS staff	2*
Health department STD/STI staff	0*
Health department hepatitis staff	0*
Health department tuberculosis staff	0*
Health department epidemiologist	0*
Other health department staff (identify):	0*
Non-Health Department Staff:	
Health or health services researchers	0*
Program evaluators	0*
Behavioral or social scientists	0*
Representatives of the substance abuse community	0*
Representatives of the mental health community	0*
Representatives of the education community	0*
Representatives of the corrections/criminal justice community	0*
Medical doctors	0*
Staff from community-based HIV prevention agencies	0*
Staff from community-based social service agencies (includes services for homeless persons)	0*
Faith leaders	0*
Community members interested in or affected by HIV/AIDS	0*
Other (identify):	0
Other (identify):	0
TOTAL Number of Non-Voting CPG Members	2*

*Only two persons who serve on the HPC are Non-Voting CPG Members. Other persons may be requested to attend HPC meetings and/or serve in a support or professional role (i.e., epidemiologist, evaluator, physician, faith leader, etc.), but are not **members** of the Council.

MONITORING AND EVALUATION

1) How many FTEs (full-time equivalent staff) were devoted to monitoring and evaluation between January 1 and June 30, 2006?

1.75 (Plus .75 FTE funded through PA 04017 – HIV Surveillance/Capacity Building)

2) Briefly identify the main responsibilities of staff devoted to monitoring and evaluation (e.g., train grantees/contractors on PEMS, compile data for program performance indicators, provide quality assurance for data).

Provide PEMS training to contractors and DHEC personnel. Includes on-line reviews and site visits to ensure compliance with data entry protocols. Also answer PEMS questions or forward to DHAP's helpdesk when appropriate.

Manage digital certificate process for approximately 48 end-users.

Compile data for program performance indicators, and process and outcome monitoring reports. Includes updating data collection tools, quality assurance activities, data entry and analysis.

Conduct presentations to various stakeholders including HIV prevention providers and HIV Planning Council members.

Participate in HIV prevention planning meetings with Division staff, contractors and regional DHEC personnel.

Provide performance measurement data for the agency's performance management system.

3) Provide 2007 target measures for program performance indicators.

The **Health Department Interim Progress Report Forms, 2007 Targets for Program Performance Indicators** are included in Attachment B.

CAPACITY BUILDING

1) Please provide the following information:

- ✓ **names of health department grantees/contractors that received health department- sponsored capacity-building assistance (CBA)¹ during the first half of 2006;**
- ✓ **names of CBA providers (including health department);**
- ✓ **dates when the capacity-building assistance took place;**
- ✓ **issues or problems that prompted the assistance; and**
- ✓ **outcomes that occurred as a result of the capacity-building assistance.**

Capacity building is provided to local health department staff funded to provide HIV prevention services including CTRS, PCRS, CRCS, and HE/RR. Capacity building is also provided to 14 HIV Prevention Contractors directly funded by DHEC. Capacity building training opportunities are also open to the CDC directly funded CBOs (HopeHealth, SCHAC, and PALSS) and to other organizations that partner with DHEC and others to deliver HIV prevention services. From January – June 2006 approximately 509 individuals participated in a capacity building assistance program coordinated by the DHEC STD/HIV Division. Of the 509 participants, 293 were local health department staff or DHEC funded HIV prevention contractors (58%), 104 were from CDC directly funded contractors (20%), and 112 were from other organizations including various Ryan White Title II and III providers (12%).

The table below only reflects the capacity building assistance provided to local health department staff and DHEC-funded contractors that received HIV prevention funds through the cooperative agreement.

First Half of 2006

Name of funded agency that received health department-sponsored CBA	Name of capacity-building assistance provider	Date(s) CBA was Provided	Issues/problems addressed	Outcomes of CBA (number of staff trained)
Health Department Staff (8 regions with	CDC Satellite Broadcast	January 27	HIV/AIDS in the South & Challenges in Other Non-Metro Areas in the US	13

¹ Health department -sponsored capacity building assistance is assistance provided directly by health department staff or by staff from an organization outside of the health department at the health department's request.

46 county health departments)	A Partnership for Health, SEATEC	January 27	Brief Safer Sex Disclosure and Counseling for People with HIV	12
	STD/HIV Division Staff	February 15	HIV, STD, and SC Laws	5
	STD/HIV Division Staff	February 22-23	Fundamentals of Risk Counseling	8
	A Partnership for Health, SEATEC	February 24	Assisting HIV+ Patients with Disclosure and Sex Negotiation	13
	CDC Satellite Broadcast	February 24	Steps to Success in Community-Based HIV/AIDS Prevention – Module 3	3
	STD/HIV Division & Division of Women and Children's Services	Feb27-Mar 15	Preventive Health Course for health department STD and Family Planning nurses	20
	STD/HIV Division Evaluation Staff	March 7	PEMS Release 2.0	7
	STD/HIV Division Evaluation Staff	March 8	PEMS Release 2.0	6
	STD/HIV Division Evaluation Staff	March 9	PEMS Release 2.0	7
	DHEC Hep. C Staff	March 21	The ABC's of Hepatitis and HIV	11
	STD/HIV Division Staff	March 22-23	Test Decision Counseling and Results Counseling	5
	Partnership for Health, SEATEC	March 24	A Brief Safer Sex Intervention for HIV Outpatient Clinics	5
	DHEC Hep. C Staff	April 18	The ABC's of Hepatitis and HIV	7
	STD/HIV Division	April 19	Basic Documentation	5

	CDC Satellite Broadcast	April 19	Hepatitis B&C with HIV Co-Infection: A Diagnostic and Treatment Update	1
	CDC Satellite Broadcast	April 27	Social Networks: A Recruitment Strategy for HIV Counseling, Testing, and Referral	3
	UT Southwestern, Medical Center at Dallas, STD/HIV Behavioral Training Center	May 16-19	Healthy Relationships	1
	STD/HIV Division	May 18	HIV, STD, and SC Laws	16
	STD/HIV Division	May 22	HIV Risk Assessment: Gathering Sexual and Substance Use History	5
	UT Southwestern,	May 23	DEBI Overview	13
	STD/HIV Division Staff	May 23-24	Fundamentals of Risk Reduction Counseling	11
	STD/HIV Division & Division of Women and Children's Services	June 5-21	Preventive Health Course for health department STD and Family Planning nurses	6
	STD/HIV Division Staff	June 6-7	Test Decision Counseling and Results Counseling	6
	STD/HIV Division Staff	June 12	HIV Risk Assessment: Gathering Sexual and Substance Use History	4

	STD/HIV Division Staff	June 13	HIV Risk Assessment: Gathering Sexual and Substance Use History	4
	STD/HIV Division Staff	June 14	Basic Documentation	4
	Academy for Educational Development (AED)	June 15-16	VOICES/VOCES	1
	STD/HIV Division Staff	June 26-30	American Red Cross (ARC) African American HIV Education & Prevention Instructor Course	1
	STD/HIV Division Staff and DAODAS	June 28	Introduction to Alcohol and Other Drugs: AOD 101	6
ACCESS Network	STD/HIV Division Evaluation Staff	January 17-18	PEMS Release 2.0	2
Acercamiento Hispano/Hispanic Outreach	STD/HIV Division Evaluation Staff	January 4-5	PEMS Release 2.0	2
	AED	June 15-16	VOICES	3
AID Upstate	STD/HIV Division Evaluation Staff	January 17-18	PEMS Release 2.0	2
	STD/HIV Division In-State Trainers	April 11-13	SISTA Project Intervention	1
	UT Southwestern	May 16-19	Healthy Relationships	
	UT Southwestern	May 23	DEBI Overview	4
	STD/HIV Division Staff	June 13	HIV Risk Assessment: Gathering Sexual and Substance Use History	13
CARETEAM, Inc.	STD/HIV Division Evaluation Staff	January 17-18	PEMS Release 2.0	1
	STD/HIV Division Staff	February 15	HIV, STD, and SC Laws	1

	STD/HIV Division Staff	February 22	Fundamentals of Risk Counseling	1
	STD/HIV Division Staff	March 22	Test Decision Counseling and Result Counseling	2
	STD/HIV Division Staff	May 18	HIV, STD, and SC Laws	1
	UT Southwestern	May 23	DEBI Overview	1
	STD/HIV Division Staff	May 23-24	Fundamentals of Risk Reduction Counseling	1
	STD/HIV Division Staff	June 14	HIV Risk Assessment: Gathering Sexual and Substance Use History	7
	AED	June 15-16	VOICES	2
Catawba Care Coalition	STD/HIV Division Evaluation Staff	January 17-18	PEMS Release 2.0	2
	A Partnership for Health, SEATEC	January 27	Brief Safer Sex Disclosure and Counseling for People with HIV	3
	UT Southwestern	May 23	DEBI Overview	1
	STD/HIV Division Staff	June 12	HIV Risk Assessment: Gathering Sexual and Substance Use History	1
HopeHealth	STD/HIV Division Evaluation Staff	January 12-13	PEMS Release 2.0	1
	STD/HIV Division Staff	February 15	HIV, STD, and SC Laws	2
	A Partnership for Health, SEATEC	January 24	Assisting HIV+ Patients with Disclosure and Sex Negotiation	1
	STD/HIV Division In-State Trainers	April 11-13	SISTA Project Intervention	1
	STD/HIV Division	April 19	Basic Documentation	7
	AED	June 15-16	VOICES	2

	STD/HIV Division	June 26-30	ARC African American HIV Education and Prevention Instructor Course	1
Lexington/ Richland Alcohol and Drug Abuse Commission (LRADAC)	STD/HIV Division Evaluation Staff	January 12-13	PEMS Release 2.0	2
	STD/HIV Division Staff	April 18	The ABCs of Hepatitis and HIV	1
	STD/HIV Division	June 26-30	ARC African American HIV Education and Prevention Instructor Course	1
Low Country Health Care System	STD/HIV Division Evaluation Staff	January 4-5	PEMS Release 2.0	2
	Partnership for Health, SEATEC	March 24	A Brief Safer Sex Intervention for HIV Outpatient Clinics	1
	STD/HIV Division Staff	May 22	HIV Risk Assessment: Gathering Sexual and Substance Use History	1
	AED	June 15-16	VOICES	1
Lowcountry AIDS Services	STD/HIV Division Evaluation Staff	January 10-11	PEMS Release 2.0	2
	STD/HIV Division Staff	February 22-23	Fundamentals of Risk Counseling	1
Orangeburg, Calhoun, Allendale, and Bamberg (OCAB) Community Action Agency	STD/HIV Division Evaluation Staff	January 4-5	PEMS Release 2.0	1
	STD/HIV Division	May 22	HIV Risk Assessment: Gathering Sexual and Substance Use History	1
	UT Southwestern	May 23	DEBI Overview	1
	STD/HIV Division	June 14	Basic Documentation	1
	AED	June 15-16	VOICES	1

	STD/HIV Division	June 26-30	ARC African American HIV Education and Prevention Instructor Course	1
PALSS	STD/HIV Division Evaluation Staff	January 10-11	PEMS Release 2.0	2
	A Partnership for Health, SEATEC	January 27	Brief Safer Sex Disclosure and Counseling for People with HIV	12
	DHEC Hep. C Program Staff	March 21	The ABC's of Hepatitis and HIV	1
	UT Southwestern	May 16-19	Healthy Relationships	3
	UT Southwestern	May 23	DEBI Overview	3
	STD/HIV Division Staff	May 23-24	Fundamentals of Risk Reduction Counseling	2
	STD/HIV Division Staff	June 12	HIV Risk Assessment: Gathering Sexual and Substance Use History	3
	STD/HIV Division	June 14	Basic Documentation	7
	AED	June 15-16	VOICES intervention	2
	STD/HIV Division	June 26-30	ARC African American HIV Education and Prevention Instructor Course	5
Sandhills Medical Foundation	STD/HIV Division Evaluation Staff	January 4-5	PEMS Release 2.0	2
	A Partnership for Health, SEATEC	January 27	Brief Safer Sex Disclosure and Counseling for People with HIV	1
Spartanburg Alcohol/Drug Abuse Commission	STD/HIV Division Evaluation Staff	January 10-11	PEMS Release 2.0	2
	STD/HIV Division Staff	May 18	HIV, STD, and SC Laws	2
	UT Southwestern	May 23	DEBI Overview	2

	STD/HIV Division Staff	June 13	HIV Risk Assessment: Gathering Sexual and Substance Use History	4
	AED	June 15-16	VOICES	1
Upper Savannah Care Consortium (USCC)	STD/HIV Division Evaluation Staff	January 4-5	PEMS Release 2.0	2
	UT Southwestern	May 23	DEBI Overview	1
	AED	June 15-16	VOICES	2

2) **Did you request capacity-building assistance from CDC for health department programs and activities between January 1 and June 30, 2006?**



Yes



No

If yes, please let us know who provided the CBA, when it took place, the issues addressed, and the outcome of the assistance. See table below:

First Half of 2006

Name of capacity-Building assistance provider	Date(s) CBA Was provided	Issues/problems addressed	Outcomes of CBA
UT Southwestern, Medical Center at Dallas, STD/HIV Behavioral Training Center	May 16-19, 2006	Health Department staff and funded contractors needed training in Healthy Relationships to meet their deliverables.	Organization has the capability to begin implementation of Healthy Relationships intervention with positive clients.
Border Health Foundation	April 26-28	Capacity Building Assistance in Organizational Development	Increase knowledge and skill to develop logic models, to conduct quality assurance and evaluation, and be culturally competent.
UT Southwestern, Medical Center at Dallas, STD/HIV Behavioral Training Center	May 23	Community Planning Group and HIV Prevention Contractors needed an Overview of the	Better able to make informed decisions about interventions.

		DEBIs to understand the core elements and to make better decisions about priority interventions for priority populations.	
AED - PROCEED	June 15-16, 2006	Health Department staff and funded Contractors needed training in VOICES/VOCES to meet deliverables.	Organization has the capability to begin implementation VOICES/VOCES intervention with positive clients.
AED - PROCEED	Planned	Organizational Capacity Building assistance for Acercamiento Hispano	To improve their organizational infrastructure to better meet the needs of their community.

- 3) **Briefly discuss the actions taken between January and June to implement recommendations made by your project officer in site visit reports and previous technical reviews.**

In the Technical Review provided on the APR 05 there were no recommendations made by the project officer regarding capacity building.

- 4) **What are your priority areas for capacity-building assistance during 2007 (e.g., quality assurance, identifying evidence-based interventions) for:**

a) The health department itself

The state health department may request assistance in conducting a strategic planning process with local health department HIV/STD providers, and request training in supervision and program monitoring for CTRS, CRCS, and some of the DEBIs.

b) Health department grantees/contractors

The following are priorities for CBA activities during CY2007:

Healthy Relationships
Project RESPECT
VOICES/VOCES
SISTA Project
CRCS

Supervision and program monitoring for CTRS, CRCS, and some DEBIs.
Training-Of-Trainers in VOICES

We anticipate continuing to provide CBA activities for CTRS and PCRS through the use of our internal DHEC staff and the assistance of the Florida STD/HIV Training Center, Dallas STD/HIV Training Center-UT South Western, the Academy for Educational Development, and other CBA providers per request for specified technical support.

We may also request CBA from Center for AIDS Prevention Studies on working with the transgender community.

HEALTH EDUCATION/RISK REDUCTION

- 1) **Were any HIV prevention interventions, program models, or public health strategies such as Comprehensive Risk Counseling and Services (CRCS) implemented in the jurisdiction between January 1 and June 30, 2006 that had not been implemented in 2005?**

☐

Yes

☒

No

If yes, please identify the intervention, its scientific basis, the number of grantees/contractors that provided it between January and June, and the target populations and their risk behaviors.

- 2) **Please provide the following information concerning HIV prevention with injection drug users (IDUs):**

- ✓ **Number of grantees/contractors that provided services for IDUs between January 1 and June 30, 2006;**
- ✓ **Interventions/program models used for IDUs;**
- ✓ **Content of/information provided in interventions/program models (e.g., hepatitis C and injection drug use, vaccines to prevent hepatitis A and B);**
- ✓ **Types of referrals made for IDUs (e.g., hepatitis C counseling and testing) and**
- ✓ **How referrals are tracked**

First Half of 2006

Number of grantees/contractors serving IDUs	Interventions/Program models for IDUs	Content/information provided	Types of referrals made	How referrals are tracked
6	ILI (Fundamentals of HIV Prevention Counseling)	PEMS data unavailable from CDC.	In general, referrals include drug treatment, HIV/HCV	PEMS is used to track referrals. Depending on

	VOICES Outreach CTR		testing.	the referral, the referral outcome is verified either by the client or agency receiving the referral.
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- 3) **Between January 1 and June 30, 2006, were any HIV prevention interventions/program models or public health strategies delivered in a criminal justice setting (e.g., jails, probation offices)?**



Yes



No

If yes, please provide the following information:

- ✓ **HIV prevention service (e.g., CTR, PCRS, CRCS)**
- ✓ **Criminal justice setting (e.g., jails, prisons, juvenile detention facilities, probation offices)**
- ✓ **Number of grantees/contractors that provided the service**

First Half of 2006

HIV prevention service	Criminal justice setting	Number of grantees/contractors that provided service in the setting
VOICES	Jail/county detention center	1 contractor
CTR	Jail/county detention center	2 HDs, 5 contractors, + STD/HIV Division Community Syphilis Screening staff
Partners in Prevention – Female Edition	Prison (SCDC)	1 contractor
Healthy Relationships	Prison (SCDC)	1 contractor
ARC African American Program (Talking Drums)	Juvenile Corrections Female Correctional Institution	1 HD 2 HDs
PCRS	State prison; local Jail/county detention center	8 public health regions' DIS staff (all regions)

- 4) **Were any interventions from CDC's "Compendium of HIV Prevention Interventions with Evidence of Effectiveness" (CDC's HIV/AIDS Prevention**

Research Synthesis Project, November 1999; Revised August 31, 2001) conducted in the jurisdiction between January 1 and June 30, 2006?



Yes



No

If yes, please identify the interventions and target populations.

Program Model	Target Population
VOICES/VOCES	AAMSM, AAWSM, AAMSW, Hispanic/Latino
SISTA	AAWSM
Many Men, Many Voices	AAMSM
Partners in Prevention - Female	AAWSM
Mpowerment	WMSM, AAMSM

- 5) **Please list the target populations that will receive HIV prevention services in 2007 and the interventions/program models/public health strategies that will be implemented for them. Identify target populations by race, ethnicity, gender, age range, HIV status, and risk behaviors. Interventions/program models range from “DEBIs” and other evidence-based interventions to such public health strategies as CRCS, CTR, and PCRS.**

Health Department 2007 Target Populations and Services

Target ² Population	Race	Ethnicity	Gender	Age Range	HIV Status	Risk Behaviors	Interventions/Program Models/Public Health Strategies ³
PLWHA	AA	Non-H/L	M	15 - 44	HIV+	Unprotected sex	ILI, Project RESPECT (PR), CRCS, PCRS, Healthy Relationships (HR)
PLWHA	AA	Non-H/L	W	15 - 44	HIV+	Unprotected sex	ILI, PR, CRCS, PCRS, HR, Partners in Prevention (Fem)
PLWHA	W	Non-H/L	M	15 - 44	HIV+	Unprotected sex	ILI, PR, CRCS, PCRS, HR

² Repeat target populations, if necessary, in the rows of the table to include all races, genders, ages, etc. For example, MSM is a target population that can be repeated to cover various races and ages.

³ Note if interventions/program models for MSM include discussion of vaccination against hepatitis A and B.

Target² Population	Race	Ethnicity	Gender	Age Range	HIV Status	Risk Behaviors	Interventions/Prog ram Models/Public Health Strategies³
PLWHA	W	Non-H/L	W	15 - 44	HIV+	Unprotected sex	ILI, PR, CRCS, PCRS, HR
PLWHA		H/L	M	15 - 44	HIV+	Unprotected sex	ILI, PR, CRCS, PCRS, HR
PLWHA		H/L	W	15 - 44	HIV+	Unprotected sex	ILI, PR, CRCS, PCRS, HR
AAMSM	AA	Non-H/L	M	15 - 44	HIV-	Unprotected sex	ILI, PR, CTR, PCRS, M3V, Mpowerment, Outreach
AAWSM	AA	Non-H/L	W	15 - 44	HIV-	Unprotected sex	ILI, PR, CTR, PCRS, SISTA, VOICES, Partners in Prevention (Fem), ARC African American Talking Drums, Outreach
AAMSW	AA	Non-H/L	M	15 - 44	HIV-	Unprotected sex	ILI, PR, CTR, PCRS, VOICES, ARC African American Talking Drums, Outreach
WMSM	W	Non-H/L	M	15 - 44	HIV-	Unprotected sex	ILI, PR, CTR, PCRS, Mpowerment, Outreach
IDU	W	Non-H/L	M	20 - 44	HIV-	Sharing unclean drug injection equipment; unprotected sex	ILI, PR, CRCS, CTR, PCRS, Outreach
IDU	W	Non-H/L	W	20 - 44	HIV-	Sharing unclean drug injection equipment; unprotected sex	ILI, PR, CRCS, CTR, PCRS, Outreach
IDU	AA	Non-H/L	M	20 - 44	HIV-	Sharing unclean drug injection	ILI, PR, CRCS, CTR, PCRS, VOICES, Outreach

Target² Population	Race	Ethnicity	Gender	Age Range	HIV Status	Risk Behaviors	Interventions/Program Models/Public Health Strategies³
						equipment; unprotected sex	
IDU	AA	Non-H/L	W	20 - 44	HIV-	Sharing unclean drug injection equipment; unprotected sex	ILI, PR, CRCS, CTR, PCRS, VOICES, Outreach
Hispanic/ Latino (H/L)		H/L	M	15 - 44	HIV-	Unprotected sex High Risk Heterosexual (HRH)	ILI, PR, CTR, PCRS, VOCES, Outreach
H/L		H/L	W	15 - 44	HIV-	Unprotected sex (HRH)	ILI, PR, CTR, PCRS, VOCES, Outreach
H/L		H/L	M	15 - 44	HIV-	Unprotected sex (MSM)	ILI, PR, CTR, PCRS, VOCES, Outreach

PREVENTION FOR INFECTED PERSONS

1) Please provide the following information on prevention services for infected persons that took place between January 1 and June 30, 2006:

- ✓ Number of grantees/contractors that provided HIV prevention services
- ✓ HIV prevention services provided
- ✓ Risk behaviors that were addressed
- ✓ Influencing factors for those risk behaviors, such as self efficacy, perceived risk, social norms, and communication skills

First Half of 2006

	Number of grantees/contractors that provided services between January 1 and June 30, 2006	HIV prevention services provided (e.g., "Healthy Relationships," PCRS, CRCS)	Risk behaviors addressed (e.g., shared equipment for injection drug use; unprotected anal intercourse)	Influencing factors for risk behaviors addressed by the intervention/prevention service (e.g., self efficacy for condom use, condom negotiation, decision making for disclosure of HIV status)
Women living with HIV	6 HDs 3 contractors	ILIs, CRCS, PCRS, Healthy Relationships, Partners in Prevention (Fem)	Unprotected sex; shared unclean injection drug equipment	Alcohol/other drug use; HIV status disclosure issues
Men living with HIV	6 HDs 3 contractors	ILIs, CRCS, PCRS, Healthy Relationships	Unprotected sex; shared unclean injection drug equipment	Alcohol/other drug use; HIV status disclosure issues
Transgender persons living with HIV (MTF)	0			
Transgender persons living with HIV (FTM)	0			

2) What specific strategies do you plan to take in 2007 to collaborate with health care providers and primary care clinics on the integration of HIV prevention into care and treatment services for persons living with HIV?

DHEC will continue to coordinate its capacity building unit with the HRSA-funded HIV Clinical Training Center based at the University of South Carolina Department of Medicine. As needed, DHEC can help prepare resource materials for distribution to clinicians. These materials will focus on the clinicians' understanding of key HIV prevention messages to be delivered to their clients. The STD/HIV Division will also continue and increase its inclusion of the Ryan White Title III clinics in various training announcements and communications relevant to prevention for HIV positive persons.

3) Do you plan to change the number of grantees/contractors funded to provide prevention for HIV-infected persons?

☐

Yes

☒

No

If yes, briefly explain those changes.

4) Do you plan to change the interventions/program models grantees/contractors are funded to use with persons living with HIV?

☒

Yes

☐

No

If yes, briefly explain those changes.

Project RESPECT will become the program model for some health department and contractor staff in their delivery of ILIs to HIV positive persons. Also, DHEC will transition providers of PCM services into CRCS in early 2007 via trainings, updating of materials, and QA monitoring.

PUBLIC INFORMATION PROGRAMS

1) Were new public information programs implemented between January 1 and June 30, 2006?

☐

Yes

☒

No

If yes, note where, geographically, the programs were (or are) taking place, target populations(s), key messages, rationale for the program/campaign, monitoring and evaluation efforts, and results.

NOTE: Although not a new program, DHEC continued its targeted PI programs in the first six months of 2006. The following are highlights of DHEC's HIV PI efforts.

- Revised twice (in January and June) the *Statewide HIV/AIDS Resources and Information Network Guide (SHARING)*. SHARING provides key contact information for the state and local DHEC STD/HIV staff, DHEC prevention and care contractors, HIV testing sites, and local AOD agencies.
- Updated STD/HIV Division web pages, including *SHARING*-online, twice.
www.scdhec.gov/stdhiv.

- Focused on two major community events for the period: National Black HIV/AIDS Awareness Day (NBHAAD) and National HIV Testing Day (NHTD.) Thirty-two events occurred around the state for NBHAAD. Almost 100 events were held in conjunction with NHTD.
- For both sets of events, resource packets were developed from national campaign materials. The SC packets included a news release, fact sheets, and fliers and posters featuring the SC AIDS/STD Hotline number. For NHTD, the STD/HIV Division also provided HIV testing referral cards with the SC AIDS/STD Hotline featured prominently.
- Mass media communications were developed and disseminated to all media outlets statewide for NHTD. These were: the statewide news release sent two weeks prior to NHTD; four news releases for specific areas (Midlands, Pee Dee, Spartanburg, and Charleston); and an Excel table listing all NHTD events and their details (who, what, when, where, and test types.) All media items were also posted to DHEC's Media Relations web page <http://www.scdhec.gov/news/>, linked from the main DHEC page under "News Releases."
- More than a dozen mass media placements for NHTD occurred. These was a mix of broadcast (TV and radio), print and electronic (online web sites for TV stations and print news.) Geographically, these mass media placements were spread throughout the state --- Upstate, Midlands, Pee Dee, Anderson, Spartanburg/Greenville, Charleston and the Low Country. Due to the mass media efforts surrounding NHTD, the percentage of DHEC SC AIDS/STD Hotline calls coming from mass media placements increased from a 7.5% average from prior months to 27% in June.
- More than 400 persons across S.C. were tested for HIV during NHTD events.
- Maintained and staffed the SC AIDS/STD Hotline sixty hours per week (8 AM – 8 PM, weekdays; plus weekend-staffed hours around the weeks of the two major events.) At other times the hotline service was forwarded to CDC-INFO. The Hotline's Information Specialists were also utilized for administrative support to other public information program activities, as well as to the ADAP and Surveillance Programs. Hotline call information for this reporting period follows:
 - o Total # of calls = 715 (Females = 53%; Males = 47%)
 - o Source of referral
 - Phone book = 79%
 - Other sources of referral included mass media (newspapers, radio, TV, internet) and health dept. staff
 - o Referrals made
 - Close to 100% of callers were referred to a service.
 - 94% of all callers were referred to HIV testing, STD screening, or both.
- SC AIDS/STD Hotline staff received quarterly inservice trainings in March and May. The March training provided an overview of perinatal HIV issues as well as an update on the

Ryan White Title IV Program. The May training was an update on HIV/STDs and SC laws related to HIV/STDs.

- Maintained the SC Federal Materials Review Committee (FMRC ["Program Review Panel"])
 - o A meeting was held in February.
 - o At other times, materials were sent hard copy or electronically for review.
 - o Materials approved during this reporting period have been shaded in the attached comprehensive approved materials list.
- Coordinated with the agency's internal materials review committee for the review of STD/HIV materials.

2) Will new public information programs be implemented in 2007?

☐

Yes

☒

No

If yes, note where, geographically, the programs will take place, target populations(s), key messages, rationale for the program/campaign, monitoring and evaluation efforts, and results.

Note: Although new PI programs will not be implemented, efforts similar to those conducted in 2006 will be continued. The AIDS/STD Hotline will continue to provide information and referral services. The SHARING will be updated quarterly and as needed throughout 2007. Web pages will also be reviewed and updated periodically. The PI Coordinator will also continue to provide TA to contractors and health departments. He will continue to develop resource packets for the three major community events for our state: National Black HIV/AIDS Awareness Day, National HIV Testing Day (NHTD) and World AIDS Day. He will also continue to coordinate the FMR process and work with the agency's materials review committee.

QUALITY ASSURANCE

- 1) Identify the specific actions taken between January 1 and June 30, 2006 to help ensure that all grantees/contractors implemented interventions/program models/public health strategies in accordance with intervention protocols and relevant CDC guidelines. Briefly explain how these actions fit into your overall quality assurance process.**

Quality assurance protocols currently exist for CTR, PCRS, ILI, GLI, PCM, and other HE/RR interventions, including those for persons living with HIV. Financial and programmatic site visits are conducted. Program consultants conduct programmatic site visits using the QA protocols and tools to assess the quality of programs delivered by the providers as well as to provide PEMS technical assistance. Written summaries are provided following each visit.

During January – June, all 14 contractors were visited at least once to assess CTR and HERR activities. HERR contractors and local health dept staff receive written summary analysis of their intervention data to answer: what is your progress to date compared to your planning goals for the year? Staff also review contractor quarterly narrative reports to note any TA needs or problems and respond by follow-up training, individual consultation, or locating other needed resources.

PCRS program reviews were done in one health region during January – June 2006. Regions are asked to respond in writing for any recommendations of improvements. Division staff also routinely review 'delinquent lists' and follow up with individual districts to appropriately close cases. Performance standards are reviewed quarterly and presented at quarterly Disease Intervention Specialist supervisors' meetings. See STD section below for more PCRS QA description.

Routine group meetings are held with contractors and local public health department staff. These meetings provide the opportunity for program updates as well as to address any issues related to program quality and data collection efforts. Contractors met on April 5. Health department HIV Health Educators and HIV Social Workers had a joint meeting on May 31 and another meeting is scheduled for August 29, 2006 to provide training in behavior change strategies. Health department Program Nurse Managers met in February and May 2006 to review CTR issues. Health department Disease Intervention Specialists (DIS) met in January and April 2006.

Seven (7) on-site financial reviews of contractors were conducted between January 1, 2006 and June 30, 2006 to assess their financial practices and assure adequate accounting practice that meet OMB standards, including: WRC (Women's Resource Center), LRADAC, PALSS, Acercamiento, Sandhills, Low Country Health Care & USCC. WRC was a contractor in 2005, but was not continued in 2006; however, a final on-site financial review was conducted to close out the contract. Two (2) additional visits were conducted to provide additional technical assistance to the following contractors: USCC & ACCESS Network.

DHEC provided training in May 2006 on the DEBIs to ensure consistent understanding of and priority given to various interventions' core elements, staff competencies and other quality assurance matters. (See Capacity Building section)

- 2) **Identify up to three specific actions you plan to take in 2007 to strengthen the capacity of grantees/contractors to deliver interventions that are appropriate, understandable, and acceptable for the target populations served. For each of the actions, briefly explain how you will monitor your progress for implementation and outcomes.**
- DHEC will continue to work with contractors and health departments on development of localized, agency-specific intervention QA protocols.
 - Supervisory staff will be required to report on use of the QA protocols.

- o Training and discussion at meetings including QA protocols will be documented.
 - o Periodic site visits will be conducted and documented on DHEC intervention QA monitoring tools to ensure that properly trained persons deliver the interventions.
- In addition to DHEC's QA Protocols as guidance, DHEC staff will work with contract agencies to use the following in their development of intervention QA protocols:
 - o *CDC Interim Technical Guidance for Selected Interventions*
 - o *CDC Procedural Guidance for Selected Strategies and Interventions*
- DHEC will also continue to provide training as needed in 2007 to ensure consistent understanding of and priority given to various interventions' core elements, staff competencies and other quality assurance matters.
- DHEC will fund interventions conducted by contractors for 2007 that are based on the providers' capacity to delivery the intervention effectively.

STD PREVENTION ACTIVITIES

- 1) **Briefly identify the specific ways the health department's HIV prevention unit and the STD unit worked together between January and June 2006 to improve PCRS and how PCRS data are collected and shared. Also briefly discuss other data that are shared between your HIV and STD programs (e.g., data on referrals from one program to the other, "epi" reports to monitor co-infections).**

South Carolina's STD/HIV programs are fully integrated; we are one Division. The CDC STD Division's Federal Assignee (Robert Ray) supervises the PCRS process for both HIV infection and syphilis; there are 2 other PCRS consultant staff in the Division. Local health department staff complete Partner Notification Interview Record forms and submit to state HIV surveillance staff who enter PCRS data in a EpiInfo data base and HARS. This includes data on syphilis-HIV co-infections.

Performance standards were developed in 2004 and surveillance staff run quarterly reports on each DIS staff, region and state summary to the Federal Assignee on performance indicators. Division staff have been working during the past 2 years to improve both performance and timely reporting by local staff of their cases interviewed, contacts notified, etc. Analysis of 2005 and 2004 PCRS data for selected measures indicate an increase in 2005 over 2004 in the number of persons interviewed (817 in 2005 vs 657 in 2004), number of contacts named/notified (1303/941 vs 906/691), and number of contacts tested (771 vs 562). Staff believe the increases reflect more complete and timely reporting of case work during 2005, e.g. some of the reports occurred for work done in 2004 but was not reported until 2005.

In addition to reviewing cases and field records, employee folders were reviewed by STD/HIV Division PCRS consultants to ensure supervisors have been performing employee quality assessment reviews of assigned staff to improve performance. These reviews include monthly case and pouch reviews and quarterly interview and field audits. Syphilis and HIV case

management and DIS field follow-up has improved but could be better as we have found from the site reviews conducted. The COC will continue to work with the regional supervisors and DIS staff in their respective regions to ensure monthly HIV and syphilis management reviews and monthly pouch reviews are conducted by the supervisors on all assigned DIS staff and the overall case management process continually improves. The monitoring reviews have also revealed some confusion exists on the part of staff regarding interview record assignment dates and field record disposition dates. These inconsistencies have made it difficult for the program to achieve the program goals in interviewing cases and closing field records within the standard timeframes. Division consultants have been working on solving these problems with all staff statewide. The consultants have also been working with their regional supervisors to ensure they are meeting regularly with their DIS staff (chalk talks) and working with those DIS that are struggling in specific areas of partner management (example clustering and initiating clusters on cases and closing cases in a timely manner.)

STD/HIV Division PCRS consultant staff share results of performance, record reviews, site visits, and other case intervention review information to appropriate managers in a region. PCRS staff meet routinely with HIV Prevention Evaluation staff to review data reports for PCRS indicators and follow up with local PCRS staff if needed to ensure complete and timely submission of data. During January – June 2006, PCRS performance data were shared by Division staff to region DIS supervisory staff at 2 quarterly meetings (January and April).

2) To what extent does HIV counseling and testing take place in health department STD clinics? Are there “opt-out” protocols for HIV testing in STD clinics?

Since 1988, HIV testing has been routinely offered to STD clinic clients attending each county health department (46). The majority of all persons tested in local departments are STD clinic clients. During January – June 2006, 15,268 STD clinic clients received an HIV test, representing 58% of the total persons tested.

Clients are informed that HIV testing is routinely offered as part of their STD visit. By policy, however, all clients tested in local health departments must sign a specific consent for HIV testing (regardless of the program tested – STD, Family Planning, TB, etc).

3) Does the health department provide any type of integrated HIV and STD service or program, such as counseling and testing, health education and risk reduction, and surveillance (consider integrated services and programs as activities that take place together, in a unified way, with staff who work on both HIV and STD issues)?



Yes



No

If yes, please briefly describe the integrated service/program.

If you also include hepatitis services in your integration of HIV and STD services or programs, please include discussion of these services.

In South Carolina, STD and HIV prevention are integrated at the state and local health department level. as explained in previous sections, HIV screening is routinely offered to clients seeking STD services. Syphilis screening is routinely offered to clients seeking HIV testing services. During January – June 2006, there were 30,052 unduplicated clients receiving STD services in STD, HIV, Family Planning, and other clinics). Of these, 51.5% indicated their primary reason for visit was STD and 16.5% indicated HIV testing.

Division staff, funded with Syphilis Elimination funds, conduct mobile screening in venues such as county detention centers and community sites targeting persons most likely to be at risk. Screening is provided for HIV, syphilis, chlamydia and gonorrhea. During 2006 the mobile van conducted 45 outings to all of the 8 health regions in South Carolina. Counties targeted included Aiken, Anderson, Bamberg, Beaufort, Charleston, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Lee, Lexington, Marion, Newberry, Orangeburg, Richland, Saluda, Spartanburg, Sumter and York. The majority of clients (70.7 percent) screened were from county detention centers from around the state. The case rate for syphilis was .3 percent, HIV .1 percent, gonorrhea 2.6 percent and 8.3 percent for chlamydia. Most of the gonorrhea and chlamydia screenings were done on individuals from the detention centers. The summary results of the Van screening efforts are summarized in the table below:

Table 21: 2006 DHEC STD/HIV Division Mobile Van Screening Summary

	Syphilis	HIV	Gonorrhea	Chlamydia
Total Clients Tested	1540	1544	1182	1182
Number Clients Positive	27	13	31	98
New Cases Detected	4	2	31	98
New Case Rate	0.3%	0.1%	2.6%	8.3%

In addition to the jail screenings, the STD/HIV Division community screening staff and DIS performed several other screenings during 2006. Screenings were performed at health fairs, bars/clubs, a shelter, at several community sponsored testing events, colleges, and around related syphilis and HIV cases. In all, 795 individuals were tested for syphilis; 1 new syphilis case (early latent) was identified and 812 individuals were tested for HIV; 2 new HIV cases were identified.

SC DHEC also contracts with the S.C. HIV/AIDS Council (SCHAC) to provide community based syphilis screening in high morbidity counties. SCHAC is a CDC-direct funded CBO providing HIV rapid testing and prevention services. In most syphilis screening events

conducted by SCHAC or its subcontractors (Syphilis Elimination), HIV screening is also offered. SCHAC staff tested 398 individuals for syphilis in three areas: Richland, Chester/Lancaster, and Sumter/Florence counties. Of these persons, 381 were also screened for HIV; five were positive.

In April 2006 Central Office STD and mobile screening staff convened a meeting with SCHAC screening staff and DIS in priority counties to discuss, plan and coordinate our 2006 syphilis screening activities based on DHEC's latest syphilis morbidity reports. In addition to the counties/regions we have been targeting our testing efforts (Richland/Midlands, Sumter, Florence, York/Chester), case increases occurred in Greenville and Charleston during 2005. The purpose of the meeting was to ensure staff focus screening resources and activities in the counties/places where we will most likely diagnose new syphilis cases. DIS shared information on possible locations for screening based on interviews with syphilis cases on locations of meeting or engaging with sex partners. This includes bars, areas in neighborhoods, etc. Staff also discussed the increase in proportion of cases among men who have sex with men and identified some possible strategies to outreach with this population. A follow up meeting was held in May.

Viral Hepatitis activities are described in the following section.

- 3) **Identify up to three specific actions you plan to take in 2007 to strengthen STD collaboration. For each of the actions, briefly explain how you will monitor your progress for implementation and outcomes.**

South Carolina will continue its coordination of STD and HIV prevention services and integrating HIV and STD screening. A particular area of focus will be to continue to address an increase of syphilis among men who have sex with men observed during CY2005. Additional outcomes include:

- Maintain 2005 levels of HIV screening in STD clinics by December 2006.
- Community screening events by local health department and SCHAC staff will reach at least 3000 persons with HIV and syphilis tests by December 2006.

Staff will monitor level of screening in health department clinics through the HIV CTR and STD clinic data systems. Staff will monitor mobile van screening in community settings through monthly van log reports and lab-based screening system. Staff will monitor SCHAC's screening and outreach efforts through quarterly reports. Staff will monitor efforts to enhance PCRS efforts to reach MSM through the STD*MIS and PCRS reporting systems.

COLLABORATION AND COORDINATION

- 1) **Summarize the major actions taken and the outcomes of those actions between January 1 and June 30, 2006 to collaborate and coordinate HIV prevention with:**

- ✓ **Criminal justice and corrections programs**

- ✓ **Hepatitis prevention and treatment programs**
- ✓ **HIV/AIDS care programs**
- ✓ **Programs and services for homeless persons**
- ✓ **Drug treatment programs**

SC Department of Corrections (SCDC)

DHEC provides enhanced training to PLWHA using the ARC African American curriculum to implement an inmate peer education program. These efforts include the area ASO (PALSS) providing GLIs for capacity building and peer education.

SCDC continues to coordinate with DHEC, the state Ryan White Title II staff, and Midlands Care Consortium staff to implement a system of discharge to ensure inmates living with HIV are efficiently linked to the consortia and care services within thirty days of release; this ensures a continuity of care and maintenance of therapies currently taken while incarcerated within the SCDC.

Hepatitis Prevention And Treatment Programs

The STD/HIV Division receives contract funding from the state Department of Alcohol and Other Drug Abuse Services to include hepatitis C screening through local health departments, and training and targeted education via a sub contract with the SC Hepatitis C Coalition. Varying activities for all viral hepatitis have been done by staff in several program areas. To better coordinate all viral hepatitis, the STD/HIV Division director, Immunization Director and Division of Acute Disease Epidemiology finalized a proposal for a viral hepatitis nursing coordinator position to be organizationally placed in the STD/HIV Division. The Immunization Division has provided funding for 80% of a staff person. NASTAD (National Alliance of State and Territorial AIDS Directors) has developed technical assistance guidance for integrating viral hepatitis activities in HIV and STD programs that will serve as a resource for this new position. It is hoped the position will be filled by the end of September 2006.

HIV/AIDS Care Programs

As a result of integrating care planning with HIV prevention community planning, collaboration and coordination has increased. As described above in the Community Planning section, the integrated planning body, the HIV Planning Council, meets quarterly. Workgroups or committees have been established to accomplish needs assessment, review of the epi-profile data, and development of plans describing priority services and interventions. All committees of the HPC include both care and prevention providers. Joint planning has increased communication and therefore the likelihood of linking persons to care.

During 2006, the Ryan White Consumer Advisory Workgroup will be integrated into the HPC's Consumer Advisory Committee to form one body. Input from the newly expanded Consumer Advisory Committee will provide guidance to the Council as well as to the Division for needs assessment, program planning, and special projects. The consumers' individual experiences, knowledge of services and providers, provider interactions, and social networks within their communities can provide a wealth of data and contacts. The input from consumers with direct

experience and contact with the Ryan White program services will provide a unique perspective from care.

Expertise that is shared from the Prevention Committee and Division staff will also help improve the 'Prevention for Positives' efforts and increase a prevention focus for the Ryan White care programs.

Programs And Services For Homeless Persons

HE/RR and CTRS are provided in homeless shelters.

SC Department of Alcohol and Other Drug Abuse Services (DAODAS)

DAODAS has contracted with DHEC to provide HIV early intervention services and resources (including HIV counseling and testing) to clients in the statewide alcohol and drug abuse system. This includes promoting developing local Memoranda of Agreements for an active referral system between county health departments and county alcohol and drug abuse agencies; providing cross-training to DAODAS and DHEC staff. DHEC staff provide training and support for several local AOD commissions to provide rapid testing. DAODAS contract funds are used by the Division to help fund laboratory testing, cost of OraSure and rapid test kits. In 2007, the Division will continue to coordinate with DAODAS to provide rapid testing to high risk populations, training interested county alcohol and drug commission staff to provide rapid testing, and/or having local health department staff provide services to substance use clients.

Other

CDC Directly Funded CBOs

There are three directly funded CBOS in the state: HopeHealth, SC HIV/AIDS Council (SCHAC), and Palmetto AIDS Life Support Services (PALSS). The DHEC STD/HIV Division also provides funding support to these organizations as well as training and capacity building to enable the CBOs to conduct priority interventions.

SC HIV/AIDS Council

DHEC has contracted with SCHAC to conduct community-based syphilis elimination initiatives in five counties, maximizing resources by integrating HIV into syphilis community assessments, condom distribution, and local street outreach efforts; and through a Memorandum of Agreement, coordinates partner counseling and testing with local and state health departments, targeting African Americans at risk.

State Department of Education (SDE) – Healthy Schools Program

SDE has cooperative agreement to provide training, resources, and technical assistance to the 85 school districts throughout the state, as well as an HIV program coordinator who works with the school districts to provide teacher training and to build upon and utilize linkages with CBOs, DHEC, and other health agencies. SDE's HIV program coordinator serves on the HPC and DHEC's Federal Materials Review Committee as well as links with local DHEC health district staff. The STD/HIV Division's Public Information Consultant serves a reciprocal role on the

SDE's HIV Materials Review Committee and has provided ongoing assistance to the HIV program coordinator as needed.

USC Department of Medicine

The USC SC AIDS Clinical Training Center, (funded under Ryan White CARE Act, Section F) coordinates and plans training activities for HIV prevention and care service providers in South Carolina. The Division's Medical Director (Wayne Duffus, MD) is jointly appointed to the USC Department of Medicine and serves as faculty for the Clinical Training Center.

HIV Prevention Contractors

Provided funding to 14 HIV Prevention Contractors (CBOs) to provide health education/risk reduction services, community-based counseling and testing, and prevention case management.

Office of Minority Health, DHEC

STD/HIV Division staff collaborates with OMH in implementing HIV/AIDS efforts to address disparities in the African American population. Division staff serve on the OMH Faith Based Initiative Committee to collaborate and coordinate activities affecting the African American community related to HIV/AIDS.

- 2) **With which types of agencies/institutions/health department units do you plan to collaborate and coordinate during 2007 regarding the delivery of HIV prevention services to high risk populations (e.g., local health department hepatitis programs on HIV counseling and testing for persons infected with HBV and HCV)?**

We will:

- Continue to collaborate with all of the partners described above. In addition, we are currently trying to establish a relationship with the Department of Mental Health in order to strengthen coordination and referrals for clients needing mental health counseling and treatment services.
- Continue to conduct joint meetings of prevention and care providers including other stakeholders such as SCDC and SDE.
- Continue MOA's with many providers listed above to address joint services, referral systems, etc.
- Continue contract with DAODAS (DHEC receives approximately \$400,000) for HIV early intervention and Hepatitis screening.

MAJOR ISSUES DURING THE REPORTING PERIOD

Briefly discuss any funding and staffing issues that impacted your work between January 1 and June 30, 2006.

DHEC STD/HIV prevention staff face significant funding and staffing challenges that started in 2005 and continued into 2006. Our HIV prevention services cannot continue at the same level with these multiple funding and staffing shortages. These challenges are noted below.

Federal funding for both HIV prevention and STD programs has declined an average of 3 – 4% for the past 2 years, plus an additional 3% for cost of living adjustments in 2004 and again in 2005. Clearly, the state's capacity for new or enhanced HIV prevention services is diminished. Efforts to promote routine HIV screening in primary care facilities, new initiatives to reach persons at risk earlier in the disease process and interventions such as CRCS, etc. can not be provided without significant changes to the existing prevention portfolio. Staff and the HPC will have to continue in 2007 to examine how to perform these services and meet CDC's expectations for increased monitoring, accountability and program enhancements by stopping current activities or obtaining other resources/partners.

As mentioned in the 2005 year end report the regional/local health departments faced continued severe financial constraints due to changes in Medicaid reimbursements resulting in a recurring \$8 million reduction of lost revenues. Several regions have a "no hire" policy in place when positions are vacant, in some cases other health department staff may move in the STD/HIV slot but will not have sufficient training nor necessarily commitment to this work. This has created challenges for central office staff for training, trying to support regions and motivate staff to accomplish activities and meet standards.

During the first 6 months we had an unusual amount of turnover among DIS supervisors and DIS staff. Four of the 8 regions had vacant/new supervisor staff, 5 regions have a total of 5 staff DIS vacancies. New staff has yet to be hired for most of these positions and those that are will have to be trained and attend the two-week DIS training (Introduction to STD Intervention). This turn over impacts the program's capacity to conduct enhanced PCRS work, especially new initiatives such as rapid testing in 'the field' or participating in screening opportunities targeting venues identified in interviews with infected persons.

CONCURRENCE OF HIV PREVENTION COMMUNITY PLANNING GROUP (CPG)

Letter of Concurrence is attached.

COMPREHENSIVE HIV PREVENTION PLAN

No major revisions have been made to the South Carolina HIV Prevention Plan 2005-2008.

ATTACHMENTS

- B. Program Performance Indicators**
- C. Assurance of Compliance Forms**
- D. Key Staff Contacts**
- E. Concurrence Letter**

New Target for 2007 Overall HIV	
Indicator A.1: The number of newly diagnosed HIV infections	
Directions: Please record the New 2007 Target for this indicator in the space provided below	
Performance Measure (Total Count): <u>797</u>	
(Please complete Question #4 below if required data for this indicator are not submitted.)	
1. What data sources were used to develop the new 2007 target measure? (check all that apply)	
<input type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input checked="" type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below) <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>
2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.	
3. How did you use these data sources to develop the new 2007 target measure? (check all that apply)	
<input checked="" type="checkbox"/> Using historical trends/averages over time If so, which years? 2004 & 2005, Jan- June 2006	
<input type="checkbox"/> Using the 2003 Baseline data and working towards the proposed 2008 Goal	
<input type="checkbox"/> Other analytic procedures If so, please describe: _____	
4. Please provide justification if the 2007 target measure is not provided in this report.	
Performance Measure:	
<input type="checkbox"/> The data are unavailable because _____	
<input type="checkbox"/> The data are "To Be Determined" because _____ and will be reported in the year _____	

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Lynda Kettinger 803 898-0625 kettinld@dhec.sc.gov

New Target for 2007 Overall HIV			
Indicator A.2: The number of newly diagnosed HIV infections, 13-24 years of age			
Directions: Please record the New 2007 Target for this indicator in the space provided below			
Performance Measure (Total Count): <u> 128 </u>			
(Please complete Question #4 below if required data for this indicator are not submitted.)			
<p>1. What data sources were used to develop the new 2007 target measure? (check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input checked="" type="checkbox"/> HIV/AIDS Reporting System (HARS) </td> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below) <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> </td> </tr> </table>		<input type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input checked="" type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below) <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>
<input type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input checked="" type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below) <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>		
<p>2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.</p> 			
<p>3. How did you use these data sources to develop the new 2007 target measure? (check all that apply)</p> <p><input checked="" type="checkbox"/> Using historical trends/averages over time If so, which years? 2004, 2005, Jan- June 2006</p> <p><input type="checkbox"/> Using the 2003 Baseline data and working towards the proposed 2008 Goal</p> <p><input type="checkbox"/> Other analytic procedures If so, please describe: _____</p>			
<p>4. Please provide justification if the 2007 target measure is not provided in this report.</p> <p>Performance Measure:</p> <p><input type="checkbox"/> The data are unavailable because _____</p> <p><input type="checkbox"/> The data are "To Be Determined" because _____ and will be reported in the year _____.</p>			
<p>5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.</p> <p>Lynda Kettinger 803 898-0625 kettinld@dhec.sc.gov</p>			

New Target for 2007 Counseling, Testing and Referral Services	
Indicator B.1: Percent of newly identified, confirmed HIV-positive test results among all tests reported by HIV counseling, testing, and referral sites	
Directions: Please record the New 2007 Target for this indicator in the space provided below	
Numerator: The number of newly identified, confirmed HIV positive test results	TBD (to be determined) _____
Denominator: The total number of tests for clients with a previous negative or unknown HIV status reported by HIV counseling, testing and referral sites	TBD
Performance Measure (Percent = (numerator / denominator) x 100):	0.8%
(Please complete Question #4 below if required data for this indicator are not submitted.)	
1. What data sources were used to develop the new 2007 target measure? (check all that apply)	
<input type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input checked="" type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input checked="" type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below) <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>
2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.	
3. How did you use these data sources to develop the new 2007 target measure? (check all that apply)	
<input checked="" type="checkbox"/> Using historical trends/averages over time	If so, which years? 2004, 2005, Jan- June 2006
<input type="checkbox"/> Using the 2003 Baseline data and working towards the proposed 2008 Goal	
<input type="checkbox"/> Other analytic procedures	If so, please describe: _____

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____.
- ☐ This service is not provided in our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- X The data are "To Be Determined" because of variances in actual data each year
and will be reported in the year –end report (March 2008).
- ☐ This service is not provided in our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- X The data are "To Be Determined" because of variances in actual data each year
and will be reported in the year–end report (March 2008).
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Lynda Kettinger 803 898-0625 kettinld@dhec.sc.gov

New Target for 2007 Counseling, Testing and Referral Services			
Indicator B.2: Percent of newly identified, confirmed HIV-positive tests returned to clients			
Directions: Please record the New 2007 Target for this indicator in the space provided below			
Numerator: The number of clients informed of a newly identified, confirmed HIV-positive test result among clients visiting HIV counseling, testing, or referral sites	TBD		
Denominator: The number of clients with a newly identified, confirmed HIV-positive test result among clients visiting HIV counseling, testing, or referral sites	TBD		
Performance Measure (Percent = (numerator / denominator) x 100)			
95%			
(Please complete Question #4 below if required data for this indicator are not submitted.)			
<p>1. What data sources were used to develop the new 2007 target measure? (check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input checked="" type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input checked="" type="checkbox"/> HIV/AIDS Reporting System (HARS) </td> <td style="vertical-align: top; width: 50%;"> <input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input type="checkbox"/> Process Evaluation Forms <input checked="" type="checkbox"/> Medical Chart Reviews* (see #2 below) <input checked="" type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below) </td> </tr> </table> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-top: 5px;"></div>		<input type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input checked="" type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input checked="" type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input type="checkbox"/> Process Evaluation Forms <input checked="" type="checkbox"/> Medical Chart Reviews* (see #2 below) <input checked="" type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below)
<input type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input checked="" type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input checked="" type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input type="checkbox"/> Process Evaluation Forms <input checked="" type="checkbox"/> Medical Chart Reviews* (see #2 below) <input checked="" type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below)		
<p>2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.</p> <p>A sample of clients who test positive during the report period is prepared by HIV surveillance staff and local health dept. conduct chart reviews to document the test results counseling/knowledge of each client. State office staff compile all results to determine the overall percent of newly diagnosed clients, e.g. no previous HARS report, who have knowledge of their HIV serostatus.</p>			
<p>3. How did you use these data sources to develop the new 2007 target measure? (check all that apply)</p> <p><input checked="" type="checkbox"/> Using historical trends/averages over time If so, which years? 2004 & 2005, Jan- June 2006</p> <p><input type="checkbox"/> Using the 2003 Baseline data and working towards the proposed 2008 Goal</p> <p><input type="checkbox"/> Other analytic procedures If so, please describe: _____</p>			

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- X The data are "To Be Determined" because of variances in actual data each year
and will be reported in the year –end report (March 2008).
- ☐ This service is not provided in our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- X The data are "To Be Determined" because of variances in actual data each year
and will be reported in the year –end report (March 2008).
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Lynda Kettinger 803 898-0625 kettinld@dhec.sc.gov

**New Target for 2007
Counseling, Testing and Referral Services**

Indicator B.3: Percent of facilities reporting a prevalence of HIV positive tests equal to or greater than the jurisdiction's target set in B.1.

Directions: Please record the New 2007 Target for this indicator in the space provided below

Numerator: The number of HIV counseling, testing, or referral sites reporting above the jurisdiction's target percent of newly identified, confirmed HIV-positive test result among all HIV tests **43**

Denominator: The total number of HIV counseling, testing, or referral sites. **57**

Performance Measure (Percent = (numerator / denominator) x 100) **75%**

(Please complete Question #4 below if required data for this indicator are not submitted.)

1. What data sources were used to develop the new 2007 target measure? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Agency / Provider Reports | <input type="checkbox"/> Pregnancy Risk Assessment Monitoring System |
| <input type="checkbox"/> AIDS Surveillance Database | <input type="checkbox"/> Process Evaluation Forms |
| <input type="checkbox"/> CDC Agreement Contracts | <input type="checkbox"/> Medical Chart Reviews* (see #2 below) |
| <input type="checkbox"/> Community Plan | <input type="checkbox"/> Sample* (see #2 below) |
| <input type="checkbox"/> Community Planning Group (CPG) Membership | <input type="checkbox"/> STD*MIS Reporting Database |
| <input type="checkbox"/> CPG Survey / Report | <input type="checkbox"/> Surveys |
| X CTR Reporting Database | <input type="checkbox"/> Training Logs |
| <input type="checkbox"/> Epidemiologic Profile | <input type="checkbox"/> Other (Please list the data sources below) |
| X HIV/AIDS Reporting System (HARS) | |

2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.

3. How did you use these data sources to develop the new 2007 target measure? (check all that apply)

X Using historical trends/averages over time **If so, which years?** 2004 & 2005

☐ Using the 2003 Baseline data and working towards the proposed 2008 Goal

☐ Other analytic procedures **If so, please describe:** _____

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Lynda Kettinger 803 898-0625 kettinld@dhec.sc.gov

New Target for 2007 Partner Counseling and Referral Services	
Indicator C.1: Percent of contacts with unknown or negative serostatus receiving an HIV test after PCRS notification	
Directions: Please record the New 2007 Target for this indicator in the space provided below	
Numerator: The number of contacts receiving an HIV test within 3 months of being contacted by an HIV partner counseling and referral service provider	TBD ____
Denominator: The number of contacts who have unknown or negative serostatus provided by an index case	TBD
Performance Measure (Percent = (numerator / denominator) x 100)	79%
(Please complete Question #4 below if required data for this indicator are not submitted.)	
1. What data sources were used to develop the new 2007 target measure? (check all that apply)	
<input type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input checked="" type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input checked="" type="checkbox"/> Other (Please list the data sources below) <div style="margin-left: 40px;"> SC PCRS Data System Epi Info _____ </div>
2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.	
3. How did you use these data sources to develop the new 2007 target measure? (check all that apply)	
<input checked="" type="checkbox"/> Using historical trends/averages over time If so, which years? __2004, 2005, Jan- June 2006	
<input type="checkbox"/> Using the 2003 Baseline data and working towards the proposed 2008 Goal	
<input type="checkbox"/> Other analytic procedures If so, please describe: _____	

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- X The data are "To Be Determined" because of variances in actual data each year and will be reported in the year –end report (March 2008).
- ☐ This service is not provided in our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- X The data are "To Be Determined" because of variances in actual data each year and will be reported in the year –end report (March 2008).
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Lynda Kettinger 803 898-0625 kettinld@dhec.sc.gov

New Target for 2007 Partner Counseling and Referral Services	
Indicator C.2: Percent of contacts with a newly identified, confirmed HIV positive test among contacts who are tested	
Directions: Please record the New 2007 Target for this indicator in the space provided below	
Numerator: The number of contacts accepting HIV partner counseling and referral services (PCRS) who receive notification of a newly identified, confirmed HIV positive test result within 3 months of being contacted by an HIV PCRS provider	TBD
Denominator: All contacts receiving a test within 3 months of being contacted by an HIV PCRS providers	TBD
Performance Measure (Percent = (numerator / denominator) x 100)	15%
(Please complete Question #4 below if required data for this indicator are not submitted.)	
1. What data sources were used to develop the new 2007 target measure? (check all that apply)	
<input type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input checked="" type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input checked="" type="checkbox"/> Other (Please list the data sources below) <div style="margin-left: 40px;"> SC PCRS Data System Epi Info _____ </div>
2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.	
3. How did you use these data sources to develop the new 2007 target measure? (check all that apply)	
<input checked="" type="checkbox"/> Using historical trends/averages over time If so, which years? 2004, 2005 and Jan- June 2006	
<input type="checkbox"/> Using the 2003 Baseline data and working towards the proposed 2008 Goal	
<input type="checkbox"/> Other analytic procedures If so, please describe: _____	

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- ☐ This service is not provided in our jurisdiction
- X The data are "To Be Determined" because of variances in actual data each year
and will be reported in the year -end report (March 2008).

Denominator:

- ☐ The data are unavailable because _____
- X The data are "To Be Determined" because of variances in actual data each year
and will be reported in the year-end report (March 2008).
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Lynda Kettinger 803 898-0625 kettinld@dhec.sc.gov

New Target for 2007 Partner Counseling and Referral Services	
Indicator C.3: Percent of contacts with a known, confirmed HIV-positive test among all contacts	
Directions: Please record the New 2007 Target for this indicator in the space provided below	
Numerator: The number of contacts who are HIV-positive, either by self-report or medical record confirmed HIV-positive status	TBD _____
Denominator: All sex and needle sharing contacts of an HIV infected person	TBD
Performance Measure (Percent = (numerator / denominator) x 100)	34%
(Please complete Question #4 below if required data for this indicator are not submitted.)	
1. What data sources were used to develop the new 2007 target measure? (check all that apply)	
<input type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input checked="" type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input checked="" type="checkbox"/> Other (Please list the data sources below) <div style="margin-left: 40px;">SC PCRS Data System Epi Info</div> <div style="margin-left: 40px;">_____</div>
2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.	
3. How did you use these data sources to develop the new 2007 target measure? (check all that apply)	
<input checked="" type="checkbox"/> Using historical trends/averages over time If so, which years? 2004, 2005, Jan- June 2006	
<input type="checkbox"/> Using the 2003 Baseline data and working towards the proposed 2008 Goal	
<input type="checkbox"/> Other analytic procedures If so, please describe: _____	

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- X The data are "To Be Determined" because of variances in actual data each year
and will be reported in the year –end report (March 2008).
- ☐ This service is not provided in our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- X The data are "To Be Determined" because of variances in actual data each year
and will be reported in the year –end report (March 2008).
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Lynda Kettinger 803 898-0625 kettinld@dhec.sc.gov

New Target for 2007 Perinatal Transmission Prevention	
Indicator D.1/D.4: Proportion of women who receive an HIV test during pregnancy	
Directions: Please record the New 2007 Target data for this indicator in the space provided below	
a. Numerator: All pregnant women who deliver and have an HIV test during pregnancy	NA _____
a. Denominator: All pregnant women who deliver	TBD
Performance Measure (Proportion = (numerator / denominator)	90%
(Please complete Question #4 below if required data for this indicator are not submitted.)	
1. What data sources were used to develop the new 2007 target measure? (check all that apply)	
<input type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input type="checkbox"/> Process Evaluation Forms <input checked="" type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input checked="" type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below) _____ _____
2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used. The PRAMS Survey is used to determine estimates. In addition, the CDC-sponsored random sample chart review in 10 SC birthing hospitals using 2003 live births was used; this survey was conducted by RTI (CDC contractor).	
3. How did you use these data sources to develop the new 2007 target measure? (check all that apply)	
<input type="checkbox"/> Using historical trends/averages over time If so, which years? _____	
<input type="checkbox"/> Using the 2003 Baseline data and working towards the proposed 2008 Goal	
<input checked="" type="checkbox"/> Other analytic procedures If so, please describe: Compared PRAMS survey results (85.9%) with RTI Chart Review results (85.5%) and selected 90% as feasible target.	

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Numerator:

X The data are unavailable because no statewide database exists for this data, and PRAMS survey data are not yet available for estimates.

- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- X The data are "To Be Determined" because live births are not available at this time and vary by year and will be reported in the year 2008 or when available.
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Lynda Kettinger 803 898-0625 kettinld@dhec.sc.gov

New Target for 2007
Perinatal Transmission Prevention

- a. **Indicator D.2:** Proportion of HIV-infected pregnant women who receive three-part antiretroviral therapy (during the antepartum, intrapartum and neonatal periods) to prevent perinatal transmission

[Applicable only to those jurisdictions with supplemental funding for perinatal transmission prevention through the Health Department Cooperative Agreement]

****Please note that the indicator and the numerator have been modified slightly to provide better clarity for data collection and reporting purposes.**

Directions: Please record the New 2007 Target for this indicator in the space provided below

Numerator: The number of HIV infected women who received three-part antiretroviral therapy (during the antepartum, intrapartum and neonatal periods) for prevention of perinatal transmission **TBD**

Denominator: The number of HIV infected pregnant women who deliver a live born infant **TBD**

Performance Measure (Proportion = (numerator / denominator) **80%**

(Please complete Question #4 below if required data for this indicator are not submitted.)

1. What data sources were used to develop the new 2007 target measure? **(check all that apply)**

- | | |
|--|--|
| <input type="checkbox"/> Agency / Provider Reports | <input type="checkbox"/> Pregnancy Risk Assessment Monitoring System |
| <input type="checkbox"/> AIDS Surveillance Database | <input type="checkbox"/> Process Evaluation Forms |
| <input type="checkbox"/> CDC Agreement Contracts | <input type="checkbox"/> Medical Chart Reviews* (see #2 below) |
| <input type="checkbox"/> Community Plan | <input type="checkbox"/> Sample* (see #2 below) |
| <input type="checkbox"/> Community Planning Group (CPG) Membership | <input type="checkbox"/> STD*MIS Reporting Database |
| <input type="checkbox"/> CPG Survey / Report | <input type="checkbox"/> Surveys |
| <input type="checkbox"/> CTR Reporting Database | <input type="checkbox"/> Training Logs |
| <input type="checkbox"/> Epidemiologic Profile | <input type="checkbox"/> Other (Please list the data sources below) |
| X HIV/AIDS Reporting System (HARS) | |

2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.

3. How did you use these data sources to develop the new 2007 target measure? **(check all that apply)**

X Using historical trends/averages over time **If so, which years?** 2005

☐ Using the 2003 Baseline data and working towards the proposed 2008 Goal

☐ Other analytic procedures **If so, please describe:** _____

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction
- ☐ Reporting on this indicator is not required and therefore is not applicable to our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- X The data are "To Be Determined" because of variances in actual data each year
and will be reported in the year —end report March 2008.
- ☐ This service is not provided in our jurisdiction
- ☐ Reporting on this indicator is not required and therefore is not applicable to our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because of variances in actual data each year
and will be reported in the year —end report March 2008.
- ☐ This service is not provided in our jurisdiction
- ☐ Reporting on this indicator is not required and therefore is not applicable to our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Lynda Kettinger 803 898-0625 kettinld@dhec.sc.gov

New Target for 2007 Perinatal Transmission Prevention			
<p>a. Indicator D.3: Proportion of HIV-infected pregnant women whose infants are perinatally infected</p> <p>[Applicable only to those jurisdictions with supplemental funding for perinatal transmission prevention through the Health Department Cooperative Agreement]</p>			
Directions: Please record the New 2007 Target for this indicator in the space provided below			
Numerator: The number of HIV infected pregnant women whose infants are perinatally infected	TBD		
Denominator: The number of HIV infected pregnant women who deliver a live born infant	TBD		
<p>a. Performance Measure (Proportion = (numerator / denominator)</p>	2%		
<p>a. (Please complete Question #4 below if required data for this indicator are not submitted.)</p>			
<p>1. What data sources were used to develop the new 2007 target measure? (check all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input checked="" type="checkbox"/> HIV/AIDS Reporting System (HARS) </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below) <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> </td> </tr> </table>		<input type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input checked="" type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below) <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div>
<input type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input checked="" type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below) <div style="border-bottom: 1px solid black; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div>		
<p>2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.</p>			
<p>3. How did you use these data sources to develop the new 2007 target measure? (check all that apply)</p> <p><input checked="" type="checkbox"/> Using historical trends/averages over time If so, which years? 2004 & 2005</p> <p><input type="checkbox"/> Using the 2003 Baseline data and working towards the proposed 2008 Goal</p> <p><input type="checkbox"/> Other analytic procedures If so, please describe: _____</p>			

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction
- ☐ Reporting on this indicator is not required and therefore is not applicable to our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- X The data are "To Be Determined" because of variances in actual data each year
and will be reported in the year 2009 (when all follow up testing of the 2007 birth cohort is completed).
- ☐ This service is not provided in our jurisdiction
- ☐ Reporting on this indicator is not required and therefore is not applicable to our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- X The data are "To Be Determined" because of variances in actual data each year
and will be reported in the year —end report March 2008.
- ☐ This service is not provided in our jurisdiction
- ☐ Reporting on this indicator is not required and therefore is not applicable to our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Lynda Kettinger 803 898-0625 kettinld@dhec.sc.gov

**New Target for 2007
Community Planning**

Indicator E.1: Proportion of populations most at risk (up to 10), as documented in the epidemiologic profile and/or the priority populations in the Comprehensive Plan, that have at least one CPG member that reflects the perspective of each population

Directions: Please record the New 2007 Target for this indicator in the space provided below

Numerator: The number of populations most at risk (up to 10), as documented in the epidemiologic profile and/or the priority populations in the Comprehensive Plan, that have at least one CPG member that reflects the perspective of each population _____ **7** _____

Denominator: The number of populations most at risk (up to 10), as documented in the epidemiologic profile and/or the priority populations in the Comprehensive Plan _____ **7** _____

a. Performance Measure (Proportion = (numerator / denominator) _____ **1.0** _____

a. (Please complete Question #4 below if required data for this indicator are not submitted.)

1. What data sources were used to develop the new 2007 target measure? **(check all that apply)**

- | | |
|---|--|
| <input type="checkbox"/> Agency / Provider Reports | <input type="checkbox"/> Pregnancy Risk Assessment Monitoring System |
| <input type="checkbox"/> AIDS Surveillance Database | <input type="checkbox"/> Process Evaluation Forms |
| <input type="checkbox"/> CDC Agreement Contracts | <input type="checkbox"/> Medical Chart Reviews* (see #2 below) |
| <input type="checkbox"/> Community Plan | <input type="checkbox"/> Sample* (see #2 below) |
| <input checked="" type="checkbox"/> Community Planning Group (CPG) Membership | <input type="checkbox"/> STD*MIS Reporting Database |
| <input checked="" type="checkbox"/> CPG Survey / Report | <input type="checkbox"/> Surveys |
| <input type="checkbox"/> CTR Reporting Database | <input type="checkbox"/> Training Logs |
| <input type="checkbox"/> Epidemiologic Profile | <input type="checkbox"/> Other (Please list the data sources below) |
| <input type="checkbox"/> HIV/AIDS Reporting System (HARS) | |

2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.

3. How did you use these data sources to develop the new 2007 target measure? **(check all that apply)**

☐ Using historical trends/averages over time **If so, which years?** _____

☒ Using the 2003 Baseline data and working towards the proposed 2008 Goal

☐ Other analytic procedures **If so, please describe:** _____

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Doug Taylor taylordj@dhec.sc.gov

New Target for 2007 Community Planning	
Indicator E.2: Proportion of key attributes of an HIV prevention planning process that CPG membership agreed have occurred	
Directions: Please record the New 2007 Target for this indicator in the space provided below	
Numerator: The total number of key attributes of which CPG members agreed occurred ("agree" responses)	_____
Denominator: The total number of valid responses ("agree," "disagree," or "don't know" responses)	_____
a. Performance Measure (Proportion = (numerator / denominator)	_____ .96 _____
a. (Please complete Question #4 below if required data for this indicator are not submitted.)	
1. What data sources were used to develop the new 2007 target measure? (check all that apply)	
<input type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input checked="" type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below) _____ _____
2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.	
3. How did you use these data sources to develop the new 2007 target measure? (check all that apply)	
<input type="checkbox"/> Using historical trends/averages over time If so, which years? _____	
<input checked="" type="checkbox"/> Using the 2003 Baseline data and working towards the proposed 2008 Goal	
<input type="checkbox"/> Other analytic procedures If so, please describe: _____	

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- ✓ The data are "To Be Determined" because Do not know how many members will complete the survey
and will be reported in the year __2008__
- ☐ This service is not provided in our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- ✓ The data are "To Be Determined" because Do not know how many members will complete the survey
and will be reported in the year __2008__
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Doug Taylor taylordj@dhec.sc.gov

New Target for 2007 Community Planning	
Indicator E.3: Percent of prevention interventions/other supporting activities in the health department CDC funding application specified as a priority in the comprehensive HIV prevention plan	
Directions: Please record the New 2007 Target for this indicator in the space provided below	
Numerator: The number of prevention interventions/other supporting activities in the health department CDC funding application specified as a priority in the comprehensive HIV prevention plan	_____ 37 _____
Denominator: The number of all prevention interventions/other supporting activities identified in the health department CDC funding application	_____ 41 _____
a. Performance Measure (Percent = (numerator / denominator) x 100)	_____ 90% _____
a. (Please complete Question #4 below if required data for this indicator are not submitted.)	
1. What data sources were used to develop the new 2007 target measure? (check all that apply)	
<input type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input checked="" type="checkbox"/> CDC Agreement Contracts <input checked="" type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below) _____ _____
2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.	
3. How did you use these data sources to develop the new 2007 target measure? (check all that apply)	
<input type="checkbox"/> Using historical trends/averages over time If so, which years? _____	
<input checked="" type="checkbox"/> Using the 2003 Baseline data and working towards the proposed 2008 Goal	
<input type="checkbox"/> Other analytic procedures If so, please describe: _____	

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Doug Taylor taylordj@dhec.sc.gov

**New Target for 2007
Community Planning**

Indicator E.4: Percent of health department-funded prevention interventions/other supporting activities that correspond to priorities specified in the comprehensive HIV prevention plan

Directions: Please record the New 2007 Target for this indicator in the space provided below

Numerator: The number of funded prevention interventions/other supporting activities that correspond to priorities specified in the most current comprehensive plan _____ **37** _____

Denominator: The number of health department-funded prevention interventions/other supporting activities _____ **44** _____

a. Performance Measure (Percent = (numerator / denominator) x 100) _____ **84%** _____

a. (Please complete Question #4 below if required data for this indicator are not submitted.)

1. What data sources were used to develop the new 2007 target measure? **(check all that apply)**

- | | |
|--|--|
| <input type="checkbox"/> Agency / Provider Reports | <input type="checkbox"/> Pregnancy Risk Assessment Monitoring System |
| <input type="checkbox"/> AIDS Surveillance Database | <input type="checkbox"/> Process Evaluation Forms |
| <input checked="" type="checkbox"/> CDC Agreement Contracts | <input type="checkbox"/> Medical Chart Reviews* (see #2 below) |
| <input checked="" type="checkbox"/> Community Plan | <input type="checkbox"/> Sample* (see #2 below) |
| <input type="checkbox"/> Community Planning Group (CPG) Membership | <input type="checkbox"/> STD*MIS Reporting Database |
| <input type="checkbox"/> CPG Survey / Report | <input type="checkbox"/> Surveys |
| <input type="checkbox"/> CTR Reporting Database | <input type="checkbox"/> Training Logs |
| <input type="checkbox"/> Epidemiologic Profile | <input checked="" type="checkbox"/> Other (Please list the data sources below) |
| <input type="checkbox"/> HIV/AIDS Reporting System (HARS) | Individual HIV prevention contracts w/CBOs |

2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.

3. How did you use these data sources to develop the new 2007 target measure? **(check all that apply)**

- ☐ Using historical trends/averages over time **If so, which years?** _____
- ☒ Using the 2003 Baseline data and working towards the proposed 2008 Goal
- ☐ Other analytic procedures **If so, please describe:** _____

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Doug Taylor taylordj@dhec.sc.gov

New Target for 2007 Evaluation	
Indicator F.1: Proportion of providers reporting representative process monitoring data to the health department in compliance with CDC program announcement	
Directions: Please record the New 2007 Target for this indicator in the space provided below	
Numerator: The number of providers reporting representative process monitoring data to the health department in compliance with the CDC program announcement	_____ 24 _____
Denominator: Total number of health department funded providers that are implementing HIV prevention interventions	_____ 24 _____
a. Performance Measure (Proportion = (numerator / denominator)	_____ 1.0 _____
a. (Please complete Question #4 below if required data for this indicator are not submitted.)	
1. What data sources were used to develop the new 2007 target measure? (check all that apply)	
<input checked="" type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input checked="" type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below) _____ _____
2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.	
3. How did you use these data sources to develop the new 2007 target measure? (check all that apply)	
<input checked="" type="checkbox"/> Using historical trends/averages over time If so, which years? <u>2004 and 2005</u>	
<input type="checkbox"/> Using the 2003 Baseline data and working towards the proposed 2008 Goal	
<input type="checkbox"/> Other analytic procedures. If so, please describe: _____	

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Doug Taylor taylordj@dhec.sc.gov

New Target for 2007 Capacity Building	
Indicator G1: Proportion of providers who have received at least one health department supported capacity building assistance episode, specifically in the form of trainings/workshops in the design, implementation or evaluation of science-based HIV prevention interventions	
Directions: Please record the New 2007 Target for this indicator in the space provided below	
Numerator: The number of providers/agencies that received at least one health department supported capacity building assistance episode, specifically in the form of trainings/workshops in the design, implementation or evaluation of science based HIV prevention interventions	_____ 24 _____
Denominator: The total number of health department funded providers/agencies that are implementing HIV prevention interventions	_____ 24 _____
a. Performance Measure (Proportion = (numerator / denominator)	_____ 1.0 _____
a. (Please complete Question #4 below if required data for this indicator are not submitted.)	
1. What data sources were used to develop the new 2007 target measure? (check all that apply)	
<input type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input checked="" type="checkbox"/> Training Logs <input checked="" type="checkbox"/> Other (Please list the data sources below) Agency's training management system, TraMS _____
2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.	
3. How did you use these data sources to develop the new 2007 target measure? (check all that apply)	
<input checked="" type="checkbox"/> Using historical trends/averages over time If so, which years? <u>2004-2006</u>	
<input type="checkbox"/> Using the 2003 Baseline data and working towards the proposed 2008 Goal	
<input type="checkbox"/> Other analytic procedures If so, please describe: _____	

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Doug Taylor taylordj@dhec.sc.gov

New Target for 2007 Health Education/Risk Reduction	
Indicator H1: Proportion of persons that completed the intended number of sessions for each of the following interventions: interventions delivered to individuals (IDI), interventions delivered to groups (IDG), and Comprehensive Risk Counseling and Services (CRCS)	
Directions: Please record the New 2007 Target for this indicator in the space provided below	
Interventions Delivered to Individuals (IDI)	
Numerator: Number of persons who completed the intended number of sessions for IDI	563
Denominator: The number of persons who were enrolled in IDI	563
Performance Measure (Proportion = (numerator / denominator)	1.0
a. (Please complete Question #4 below if required data for this indicator are not submitted.)	
1. What data sources were used to develop the new 2007 target measure? (check all that apply)	
<input checked="" type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input checked="" type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below) <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>
2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.	
3. How did you use these data sources to develop the new 2007 target measure? (check all that apply)	
<input checked="" type="checkbox"/> Using historical trends/averages over time If so, which years? <u>2004-2006</u>	
<input type="checkbox"/> Using the 2003 Baseline data and working towards the proposed 2008 Goal	
<input type="checkbox"/> Other analytic procedures If so, please describe: _____	

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Doug Taylor taylordj@dhec.sc.gov

New Target for 2007 Health Education/Risk Reduction	
Indicator H1: Proportion of persons that completed the intended number of sessions for each of the following interventions: interventions delivered to individuals (IDI), interventions delivered to groups (IDG), and Comprehensive Risk Counseling and Services (CRCS)	
Directions: Please record the New 2007 Target for this indicator in the space provided below	
Interventions Delivered to Groups (IDG)	
Numerator: Number of persons who completed the intended number of sessions for IDG	3097
Denominator: The number of persons who were enrolled in IDG	3441
Performance Measure (Proportion = (numerator / denominator)	.90
(Please complete Question #4 below if required data for this indicator are not submitted.)	
1. What data sources were used to develop the new 2007 target measure? (check all that apply)	
<input checked="" type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input checked="" type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below) <div style="border-bottom: 1px solid black; width: 100%; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>
2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.	
3. How did you use these data sources to develop the new 2007 target measure? (check all that apply)	
<input checked="" type="checkbox"/> Using historical trends/averages over time If so, which years? <u>2004-2006</u>	
<input type="checkbox"/> Using the 2003 Baseline data and working towards the proposed 2008 Goal	
<input type="checkbox"/> Other analytic procedures If so, please describe: _____	

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Doug Taylor taylordj@dhec.sc.gov

New Target for 2007 Health Education/Risk Reduction	
Indicator H1: Proportion of persons that completed the intended number of sessions for each of the following interventions: interventions delivered to individuals (IDI), interventions delivered to groups (IDG), and Comprehensive Risk Counseling and Services (CRCS)	
Directions: Please record the New 2007 Target for this indicator in the space below	
Comprehensive Risk Counseling and Services (CRCS)	
Numerator: Number of persons who completed the intended number of sessions for CRCS	_____ 130 _____
Denominator: The number of persons who were enrolled in CRCS	_____ 162 _____
Performance Measure (Proportion = (numerator / denominator)	_____ .80 _____
(Please complete Question #4 below if required data for this indicator are not submitted.)	
1. What data sources were used to develop the new 2007 target measure? (check all that apply)	
<input checked="" type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input checked="" type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below) _____ _____
2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.	
3. How did you use these data sources to develop the new 2007 target measure? (check all that apply)	
<input type="checkbox"/> Using historical trends/averages over time If so, which years? _____	
<input checked="" type="checkbox"/> Using the 2003 Baseline data and working towards the proposed 2008 Goal	
<input type="checkbox"/> Other analytic procedures If so, please describe: _____	

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Doug Taylor taylordj@dhec.sc.gov

New Target for 2007 Health Education/Risk Reduction	
Indicator H2: Proportion of the intended number of the target populations to be reached with any of the following specific interventions (IDI, IDG or CRCS) who were actually reached	
Directions: Please record the New 2007 Target for this indicator in the space provided below	
Numerator: Sum of the number of the target populations reached through any of the following specific interventions (IDI, IDG, or CRCS)	_____ 4220 _____ _____
Denominator: Sum of the number of target populations that were intended to be reached through the following interventions: IDI, IDG, or CRCS	_____ 4689 _____ _____
Performance Measure (Proportion = (numerator / denominator)	_____ .90 _____
(Please complete Question #4 below if required data for this indicator are not submitted.)	

** Use this table to determine the numerator and denominator.*

Numerator / Denominator	IDI	IDG	CRCS	Total
Population 1:				
Population 2:				
Population 3:				
Population 4:				
Population 5:				
Population 6:				
Population 7:				
Population 8:				
Population 9:				
Population 10:				
Total				^N / _D =

1. What data sources were used to develop the new 2007 target measure? (check all that apply)
--

- | | |
|--|--|
| <input checked="" type="checkbox"/> Agency / Provider Reports | <input type="checkbox"/> Pregnancy Risk Assessment Monitoring System |
| <input type="checkbox"/> AIDS Surveillance Database | <input checked="" type="checkbox"/> Process Evaluation Forms |
| <input type="checkbox"/> CDC Agreement Contracts | <input type="checkbox"/> Medical Chart Reviews* (see #2 below) |
| <input type="checkbox"/> Community Plan | <input type="checkbox"/> Sample* (see #2 below) |
| <input type="checkbox"/> Community Planning Group (CPG) Membership | <input type="checkbox"/> STD*MIS Reporting Database |
| <input type="checkbox"/> CPG Survey / Report | <input type="checkbox"/> Surveys |
| <input type="checkbox"/> CTR Reporting Database | <input type="checkbox"/> Training Logs |
| <input type="checkbox"/> Epidemiologic Profile | <input type="checkbox"/> Other (Please list the data sources below) |
| <input type="checkbox"/> HIV/AIDS Reporting System (HARS) | |

2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.

3. How did you use these data sources to develop the new 2007 target measure? **(check all that apply)**

- ☐ Using historical trends/averages over time **If so, which years?** _____
- ☒ Using the 2003 Baseline data and working towards the proposed 2008 Goal
- ☐ Other analytic procedures **If so, please describe:** _____

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Doug Taylor taylordj@dhec.sc.gov

New Target for 2007 Health Education/Risk Reduction	
Indicator H3: The mean number of outreach contacts required to get one person to access any of the following services: Counseling & Testing, Sexually Transmitted Disease Screening & Testing, IDI, IDG or CRCS	
Directions: Please record the New 2007 Target for this indicator in the space provided below	
Numerator: Number of outreach contacts who were referred to any of the following services: CT, STD screening and testing, IDI, IDG or CRCS	2861
Denominator: Number of individuals who accessed any of the following services: CT, STD screening and testing, IDI, IDG or CRCS	477
a. Performance Measure (Mean = (numerator / denominator)	6.0
a. (Please complete Question #4 below if required data for this indicator are not submitted.)	
1. What data sources were used to develop the new 2007 target measure? (check all that apply)	
<input checked="" type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input checked="" type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below) <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>
2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.	
3. How did you use these data sources to develop the new 2007 target measure? (check all that apply)	
<input checked="" type="checkbox"/> Using historical trends/averages over time If so, which years? <u>2004-2006</u>	
<input type="checkbox"/> Using the 2003 Baseline data and working towards the proposed 2008 Goal	
<input type="checkbox"/> Other analytic procedures If so, please describe: _____	

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Doug Taylor taylordj@dhec.sc.gov

New Target for 2007 Prevention for HIV Infected Persons	
Indicator I.1: Proportion of HIV infected persons that completed the intended number of sessions for Comprehensive Risk Counseling and Services (CRCS)	
Directions: Please record the New 2007 Target for this indicator in the space provided below	
Numerator: Number of HIV infected persons that completed the intended number of sessions for CRCS	_____ 102 _____
Denominator: Number of HIV infected persons that enrolled in CRCS	_____ 127 _____
a. Performance Measure (Proportion = (numerator / denominator)	_____ .80 _____
a. (Please complete Question #4 below if required data for this indicator are not submitted.)	
1. What data sources were used to develop the new 2007 target measure? (check all that apply)	
<input checked="" type="checkbox"/> Agency / Provider Reports <input type="checkbox"/> AIDS Surveillance Database <input type="checkbox"/> CDC Agreement Contracts <input type="checkbox"/> Community Plan <input type="checkbox"/> Community Planning Group (CPG) Membership <input type="checkbox"/> CPG Survey / Report <input type="checkbox"/> CTR Reporting Database <input type="checkbox"/> Epidemiologic Profile <input type="checkbox"/> HIV/AIDS Reporting System (HARS)	<input type="checkbox"/> Pregnancy Risk Assessment Monitoring System <input checked="" type="checkbox"/> Process Evaluation Forms <input type="checkbox"/> Medical Chart Reviews* (see #2 below) <input type="checkbox"/> Sample* (see #2 below) <input type="checkbox"/> STD*MIS Reporting Database <input type="checkbox"/> Surveys <input type="checkbox"/> Training Logs <input type="checkbox"/> Other (Please list the data sources below) _____ _____
2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.	
3. How did you use these data sources to develop the new 2007 target measure? (check all that apply)	
<input type="checkbox"/> Using historical trends/averages over time If so, which years? _____	
<input checked="" type="checkbox"/> Using the 2003 Baseline data and working towards the proposed 2008 Goal	
<input type="checkbox"/> Other analytic procedures If so, please describe: _____	

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Doug Taylor taylordj@dhec.sc.gov

**New Target for 2007
Prevention for HIV Infected Persons**

Indicator I.2: Percent of HIV infected persons who, after a specified period of participation in Comprehensive Risk Counseling and Services (CRCS), report a reduction in sexual or drug using risk behaviors or maintain protective behaviors with seronegative partners or with partners of unknown status

Directions: Please record the New 2007 Target for this indicator in the space provided below

Numerator: Number of HIV infected persons in CRCS reporting a reduction in sexual or drug using risk behaviors with seronegative partners or with partners of unknown status or maintaining protective behaviors _____ **102** _____

Denominator: Number of HIV infected persons enrolled in CRCS _____ **127** _____

a. **Performance Measure** (Percent = (numerator / denominator) x 100) _____ **.80** _____

a. (Please complete Question #4 below if required data for this indicator are not submitted.)

1. What data sources were used to develop the new 2007 target measure? **(check all that apply)**

- | | |
|--|--|
| <input checked="" type="checkbox"/> Agency / Provider Reports | <input type="checkbox"/> Pregnancy Risk Assessment Monitoring System |
| <input type="checkbox"/> AIDS Surveillance Database | <input checked="" type="checkbox"/> Process Evaluation Forms |
| <input type="checkbox"/> CDC Agreement Contracts | <input type="checkbox"/> Medical Chart Reviews* (see #2 below) |
| <input type="checkbox"/> Community Plan | <input type="checkbox"/> Sample* (see #2 below) |
| <input type="checkbox"/> Community Planning Group (CPG) Membership | <input type="checkbox"/> STD*MIS Reporting Database |
| <input type="checkbox"/> CPG Survey / Report | <input type="checkbox"/> Surveys |
| <input type="checkbox"/> CTR Reporting Database | <input type="checkbox"/> Training Logs |
| <input type="checkbox"/> Epidemiologic Profile | <input type="checkbox"/> Other (Please list the data sources below) |
| <input type="checkbox"/> HIV/AIDS Reporting System (HARS) | |

2. If "Sample" and/or "Medical Chart Reviews" was selected above, please describe the sampling methodology used.

3. How did you use these data sources to develop the new 2007 target measure? **(check all that apply)**

- ☐ Using historical trends/averages over time **If so, which years?** _____
- ☒ Using the 2003 Baseline data and working towards the proposed 2008 Goal
- ☐ Other analytic procedures **If so, please describe:** _____

4. Please provide justification for any 2007 target measure, numerator and/or denominator that are not provided in this report.

Performance Measure:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Numerator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

Denominator:

- ☐ The data are unavailable because _____
- ☐ The data are "To Be Determined" because _____
and will be reported in the year _____
- ☐ This service is not provided in our jurisdiction

5. Provide the name and contact information (phone number and/or e-mail address) for a person to whom questions regarding the new 2007 target measure for this indicator can be addressed.

Doug Taylor taylordj@dhec.sc.gov



ASSURANCE OF COMPLIANCE

with the

“REQUIREMENTS FOR CONTENTS OF AIDS-RELATED WRITTEN MATERIALS, PICTORIALS, AUDIOVISUALS, QUESTIONNAIRES, SURVEY INSTRUMENTS, AND EDUCATIONAL SESSIONS IN CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ASSISTANCE PROGRAMS”

By signing and submitting this form, we agree to comply with the specifications set forth in the “Requirements for Contents of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention (CDC) Assistance Programs,” as revised June 15, 1992, 57 Federal Register 26742.

We agree that all written materials, audiovisual materials, pictorials, questionnaires, survey instruments, proposed group educational sessions, educational curricula and like materials will be submitted to a Program Review Panel. The Panel shall be composed of no less than five (5) persons representing a reasonable cross-section of the general population; but which is not drawn predominantly from the intended audience. (See additional requirements in attached contents guidelines, especially paragraph 2.c. (1)(b), regarding composition of Panel.)

We agree that all written materials, audiovisual materials, pictorials, questionnaires, survey instruments, proposed group educational sessions, educational curricula and like materials will be submitted to a Program Review Panel. The Panel shall be composed of no less than five (5) persons representing a reasonable cross-section of the general population; but which is not drawn predominantly from the intended audience. (See additional requirements in attached contents guidelines, especially paragraph 2.c. (1)(b), regarding composition of Panel.)

The Program Review Panel, guided by the CDC Basic Principles (set forth in 57 Federal Register 26742), will review and approve all applicable materials prior to their distribution and use in any activities funded in any part with CDC assistance funds.

Following are the names, occupations, and organizational affiliations of the proposed panel members: (If panel has more members than can be shown here, please indicate additional members on the reverse side.)

NAME	OCCUPATION	AFFILIATION
Maurice Adair	Prevention Coordinator	AID Upstate (ASO)
Aaron Bryan	HIV Program Coordinator	SC Dept. of Education
Andy Hall	Executive Director	AID Upstate (ASO)
Carmen Julious	Executive Director	PALSS of SC (ASO)
Ivan Segura	HIV Program Coordinator	Acercamiento Hispano (CBO)
John Snell	STD/HIV Health Educator	SC DHEC Region V
Donald Wood	HIV Program Coordinator	Capitol Consultants
Tony Price	Public Information/FMRC Coordinator	SC DHEC, STD/HIV Division (Health Department Representative)

Applicant/Grantee Name SC Department of Health and Environmental Control	Grant Number U62/CCU423484
Signature: Project Director Lynda Kettinger, Director, STD/HIV Division	Signature: Authorized Business Official Darbi MacPhail, Director, Health Services Operations
Date September 12, 2006	Date September 12, 2006

**Statement of Compliance with Content of HIV/AIDS-Related
Written Materials, Pictorials, Audiovisuals, Questionnaires,
Survey Instruments and Education Sessions**

SUBMITTED MATERIALS FORM

Agency Name:	SC Department of Health and Environmental Control
Date:	September 13, 2006
Program Announcement:	04012
Award Number:	U62/CCU423484

To comply with the requirements described in the Review of Contents of *HIV/AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Education Sessions*, published in the Federal Register on June 15, 1992, I certify that the following list of materials were submitted and reviewed by our Content Review Panel.

Name of Material	Date of Approval	Date of Disapproval
Materials are noted in the <u>FMRC</u> column on the Excel document attached at the end of the "Attachments" section.		

Sincerely,

Signature:	<i>Tony Price</i>
Name:	Tony Price
Title:	Public Information and FMRC Coordinator

Key Staff Contacts

This form is used to collect contact information of the two key personnel named on the notice of award. These individuals' signatures are required on all correspondence and requests submitted to the Procurement and Grants Office for approval.

<i>Business Official: (Accounting)</i>	<i>Program Director/Project Director/ Principal Investigator: (Program)</i>
Full Name: Darbi MacPhail	Full Name: Lynda Kettinger
Title/Role: Director, Health Services Operations	Title/Role: Division Director, STD/HIV Division
Organization Name: South Carolina Department of Health and Environmental Control	Organization Name: South Carolina Department of Health and Environmental Control
Complete Mailing Address: 1751 Calhoun St. Columbia, SC 29201	Complete Mailing Address: 1751 Calhoun St. Columbia, SC 29201
E-mail Address: MACPHADC@dhec.sc.gov	E-mail Address: KETTINLD@dhec.sc.gov
Telephone Number: (803) 898-3331	Telephone Number: (803) 898-0625
Fax Number: (803) 898-0557	Fax Number: (803) 898-0573

If the points of contact for this project (day to day) are not those persons listed above, provide the contact information for the day to day contacts for this project:

<i>(Accounting)</i>	<i>(Program)</i>
Full Name:	Full Name:
Title/Role:	Title/Role:
Organization Name:	Organization Name:
Complete Mailing Address:	Complete Mailing Address:
E-mail Address:	E-mail Address:
Telephone Number:	Telephone Number:
Fax Number:	Fax Number:



September 11, 2006

Cheryl M. Maddux
Grants Management Officer
Acquisition and Assistance Branch 1
Procurement and Grants Office
National Centers for Disease Control and Prevention

RE: Cooperative Agreement Number **U62/CCU423484**
HIV Prevention Projects for 04012 CONT
Letter of Concurrence

Dear Ms. Maddux:

The South Carolina HIV Planning Council (HPC) completed a voting process for concurrence with a conference call on September 6, 2006. Below is a description of the process and the final results of the vote.

All HPC members were given a copy of the HIV Prevention Interim Progress Report and Application for CY07, information about the concurrence process, and a voting form. HPC members were instructed to review the application, particularly the planned activities for CY07, and determine if it was consistent with the priorities in the SC HIV Prevention Plan 2005-2008. Opportunities to discuss any questions or concerns about the IPR and '07 application were provided at the HPC meeting on August 22nd, via the conference call, and by email. Members were instructed that they could vote at the meeting, any time prior to the conference call on the 6th, or immediately after the call.

- There are currently 23 voting members of the HPC and 2 vacancies. The majority of the HPC members voted at the HPC meeting, with the remainder voting by September 8th. Two members participated in the conference call.
- For any members who had not previously voted and were not on the call, follow-up contact was made to ascertain if there were any questions and to request their votes.
- As of today, the 23 members of the HPC have voted. All members voted for full concurrence.

Post Office Box 1763 * Columbia, SC 29202 * Phone (803) 252-1087 * Fax (803) 252-0589

Ms. Cheryl Maddux
National Centers for Disease Control and Prevention
September 11, 2006
Page 2

As always, we feel the process with DHEC has been an open and cooperative planning process and look forward to our working relationship continuing into CY07. If you have any questions, please feel free to contact us at the numbers listed below.

Sincerely,

David Mattison

David Mattison
HPC Community Co-Chair
(864) 250-0607

Susan L. Fulmer

Susan L. Fulmer
HPC Health Department Co-Chair
(803) 898-0684

cc: Renata Ellington, CDC Project Officer

Type	Title	Requestor and/or Producer	FMRC App	DHEC App
*-When applicable. ML (Materials Library) / CR (Communications Resources) #s apply only to those materials housed in DHEC's ML or produced by DHEC's CR Division, respectively.				
Billboard	Are You Positive You Are Not Positive...Do You Know? (Billboard)	Between Brothers (SCHAC), 2004 Ed	08/12/04	
Billboard	FABULOUS People Can Have HIV Too	Between Brothers (SCHAC), 2004 Ed	08/12/04	
Billboard	If You Think A Condom Is Bothersome	Between Brothers (SCHAC), 2004 Ed	08/12/04	
Brochure	20 Ways To Respond To Sexual Pressure	JourneyWorks, 2003 Ed	02/12/04	
Brochure	21st Century Abstinence	ETR Associates, 2000 Ed	05/13/04	05/13/04
Brochure	21st Century HIV	ETR Associates	05/13/04	05/13/04
Brochure	50 Things You Should Know About HPV And Genital Warts	JourneyWorks, 2002 Ed	02/12/04	01/01/04
Brochure	A Contraceptive Choice (Female Condom)	Female Health Company	???	
Brochure	A Healthy Pregnancy & HIV Testing	Channing Bete, 2005 Ed	05/12/05	09/30/05
Brochure	Abstinence & Oral Sex	JourneyWorks, 2003 Ed	02/12/04	04/15/05
Brochure	ADAP Brochure	DHEC		09/20/05
Brochure	Age Page: HIV AIDS And Older People	AID Upstate Nat'l Institute of Health US DHHS, 1999 Ed	02/02/06	
Brochure	Breaking The Link To HIV/STD's Alcohol, Other Drugs And Sex	Channing Bete, 2004 Ed	11/18/04	
Brochure	FAQs - STD	ETR Associates, www.etr.org		09/30/05
Brochure	For Gay & Bisexual Men: Out & Proud - Preventing HIV	Channing Bete, 2005 Ed	05/12/05	
Brochure	Genital Warts & HPV: Sexually Transmitted Disease	ETR Associates, www.etr.org		01/31/05
Brochure	Get the Facts: A Teen's Guide To STDs	JourneyWorks, 2000 Ed	02/12/04	
Brochure	Good Nutrition For People With HIV	AID Upstate, Channing Bete, 2000 Ed	02/02/06	04/08/02
Brochure	Guys & HIV: Think About It (Eng. & Span.)	ETR Associates, 2003 Ed	05/13/04	
Brochure	HIV And AIDS	ARC, 1998 Ed	05/13/04	
Brochure	HIV And AIDS Information For Inmates	Channing Bete, 2002 Ed	02/12/04	
Brochure	HIV Facts: For Men Only	Channing Bete, 2003 Ed	02/12/04	
Brochure	HIV, Alcohol And Other Drugs	AID Upstate, JourneyWorks, 2002 Ed	02/02/06	
Brochure	HIV/AIDS Information You Need	Channing Bete, 2004 Ed	05/12/05	09/30/05
Brochure	HIV/STD Testing For You	Channing Bete, 2005 Ed	05/12/05	09/30/05
Brochure	HIV: Positive Choices - Avoiding Other STDs	Channing Bete, 2005 Ed	12/30/05	09/30/05
Brochure	HIV: Positive Choices - Following Your Plan	Channing Bete, 2004 Ed	N/A	12/10/04
Brochure	HIV: Positive Choices - Keeping Sex Safer	Channing Bete, 2004 Ed	05/12/05	09/30/05
Brochure	HIV: Positive Choices - Living "POZ"	Channing Bete, 2004 Ed	11/18/04	09/30/05
Brochure	HIV: Positive Choices - Overcoming Depression	Channing Bete, 2005 Ed	05/12/05	09/30/05
Brochure	How HIV Works In Your Body	GlaxoSmithKline, 2002 Ed	08/12/04	
Brochure	How To Use (Female Condom)	Female Health Company	12/01/03	12/01/03
Brochure	HPV & Cervical Cancer	ETR Associates, www.etr.org		03/31/05

Type	Title	Requestor and/or Producer	FMRC App	DHEC App
*-When applicable. ML (Materials Library) / CR (Communications Resources) #s apply only to those materials housed in DHEC's ML or produced by DHEC's CR Division, respectively.				
Brochure	In The Heat Of The Moment: You Would If You Loved Me	JourneyWorks, 2003 Ed	02/12/04	
Brochure	Jimmie Hatz Brochure Collection	Common Ground USA, 2003 Ed	02/12/04	
Brochure	Just Had Sex? Afraid Of Pregnancy?	Program for Appropriate Technology in Health, www.path.org		07/31/05
Brochure	Keep Free From HIV For Men	Channing Bete, 2004 Ed	11/18/04	12/10/04
Brochure	Living With HIV/AIDS	US DHHS, 2003 Ed	02/12/04	
Brochure	Making Good Decisions Tattoos & Body Piercing Protecting ... From HIV	JourneyWorks, 2001 Ed	05/17/06	05/22/06
Brochure	PID: Pelvic Inflammatory Disease	ETR Associates, www.etr.org		09/30/05
Brochure	PID: Pelvic Inflammatory Disease - Some Questions & Answers	American Social Health Association, www.ashastd.org/index.cfm		09/30/05
Brochure	Preventing Opportunistic Infections - Tips For People With HIV	AID Upstate - Channing Bete, 2000 Ed	02/02/06	
Brochure	Protect Yourself From HIV For Women	Channing Bete, 2004 Ed	11/18/04	09/30/05
Brochure	Reality Female Condom / Warning: Reality May Increase Sensitivity And Pleaseure During Love Making	Female Health Company	12/01/03	
Brochure	Safer Sex For You	Channing Bete, 2004 Ed	05/12/05	09/30/05
Brochure	Safer Sex Just Got Better (Female Condom)	Female Health Company	12/01/03	
Brochure	SC ADAP	DHEC		09/01/04
Brochure	Sex and STD: How To Stay Safe	Channing Bete, 2000 Ed	07/01/03	
Brochure	Sexuality What's Normal What's Not	AID Upstate, ETR Associates, 1999 Ed	02/02/06	
Brochure	Should You Be Tested?	DHEC, 2005 Ed	12/31/04	06/30/02
Brochure	STD And Pregnancy	JourneyWorks, 2003 Ed	02/12/04	
Brochure	STD Testing And Screening	Channing Bete, 2003 Ed	02/12/04	
Brochure	STD's - Know The Facts	DHEC, 2002 Ed	10/09/02	06/30/02
Brochure	Stop Wondering, Get Tested - HIV And Other STDs	Channing Bete, 2003 Ed	11/18/04	12/10/04
Brochure	Talking About Sex: Encouraging Abstinence Ten Tips For Parents	JourneyWorks, 1998 Ed, Rev 2002	07/01/03	09/05/05
Brochure	Teen Talk #1 (Abstinence)	US DHHS, 2003 Ed	02/12/04	02/01/04
Brochure	Teen Talk #2 STDs	US DHHS, 2003 Ed	02/12/04	02/01/04
Brochure	The Deal - A Zone To Live By	Adolescent AIDS Program, 2002 Ed	07/01/03	
Brochure	The Risks Are Real - STD Facts	Channing Bete, 2004 Ed	02/10/05	12/10/04
Brochure	The SISTA Project	Catawba Care Coalition, 2005 Ed	05/12/05	
Brochure	Viral Load	Merck, 2003 Ed	08/12/04	
Brochure	What Is The Reality (Female Condom)	Female Health Company	12/01/03	
Brochure	What Men Should Know - STD Prevention	Channing Bete, 2004 Ed	11/18/04	12/10/04
Brochure	What People Of Faith Should Know About HIV	Channing Bete, 2002 Ed	12/01/03	12/31/03

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Brochure	When It's Time To Tell - Disclosing HIV+ Status	Channing Bete, 2004 Ed	11/18/04	12/15/05
Brochure	Why Wait Now? Saying No If You've Had Sex Before	JourneyWorks, 1998 Ed	02/13/03	09/30/05
Brochure	Why Waiting Works Abstinence & Relationships	Channing Bete, 2004 Ed	11/18/04	
Brochure	Women & HIV: Could I Have HIV?	Channing Bete, 2001 Ed	02/12/04	
Card	FP/HIV Palm Card Spanish	DHEC		06/24/05
Card	HIV Is An Equal Opportunity	DHEC		03/01/04
Card	HIV Testing Cards	DHEC		11/01/04
Curriculum	ARC African American HIV Education And Prevention Instruct Course	ARC, 2002 Ed	01/21/03	
Curriculum	ARC African American HIV Program	ARC, 2002 Ed	01/21/03	06/20/05
Curriculum	ARC African American HIV Program - Talking Drums	ARC, 2002 Ed	12/01/03	12/11/04
Curriculum	ARC Hispanic HIV Education And Prevention Instructors Course	ARC, 2002 Ed	01/21/03	
Curriculum	ARC Hispanic HIV Program - Bridging The Gap	ARC, 2002 Ed	01/21/03	12/11/04
Curriculum	ARC HIV Starter Facts	Am Red Cross, Rev 2003 Ed	01/21/03	06/20/05
Curriculum	Be Proud! Be Responsible!	ETR Associates, 1999 Ed	07/01/03	
Curriculum	Double Jeopardy 2002	DHEC / Channing Bete, 2002 Ed	09/27/02	09/27/02
Curriculum	Healthy Relationships	UT Southwestern Medical Center, 2004 Ed	06/30/05	
Curriculum	Healthy Relationships Packet	PALSS	02/02/06	
Curriculum	HIV - Free Living For Teens	DHEC / Channing Bete, 2002 Ed	10/14/02	
Curriculum	Making A Difference!	Select Media, 2003 Ed	01/21/03	
Curriculum	Making Proud Choices: A Safer-Sex ...	SC Campaign to Prevent Teen Pregnancy	04/13/05	
Curriculum	Many Men, Many Voices	Center For Health & Behavioral Training, 2005 Ed	06/30/05	
Curriculum	Mpowerment	UCSF, 2002 Ed	07/01/03	
Curriculum	On Postponing Sex	LRADAC	08/30/02	
Curriculum	Palmetto Peers Curriculum	DHEC-PHD	05/22/03	
Curriculum	Partners In Prevention (Female Edition)	PALSS, MCW	10/14/02	
Curriculum	Partners In Prevention (Male Edition)	Med College of Wisconsin	08/12/02	
Curriculum	Popular Opinion Leader	Med College of Wisconsin	08/12/02	
Curriculum	Positive Prevention: HIV/STD Prevention Education For California Youth	American Red Cross, 2001 Ed	01/21/03	
Curriculum	Project RESPECT	CDC, 1993	Pending 07/06	Pending 07/06
Curriculum	Reach One Teach One	Centerforce GSK	05/13/04	
Curriculum	Reducing The Risk: Building Skills To ...	SC Campaign to Prevent Teen Pregnancy	04/13/05	
Curriculum	Safer Choices: Preventing HIV, Other STD ...	SC Campaign to Prevent Teen Pregnancy	04/13/05	
Curriculum	STD 101	CDC, 2003 Ed		02/12/04
Curriculum	The SISTA Project	Sociometrics, 1999 Ed	05/22/03	12/31/03

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Curriculum	Voices/Voces (Including Video Love Exchange, Afro-Am)	Educational Development Center, 1999 Ed	11/18/04	01/24/05
Curriculum	Voices/Voces (Including Video Por Que Si, Hisp)	Educational Development Center, 1999 Ed	11/18/04	01/24/05
Display	S.C. Ryan White Care And Support Services	DHEC		07/19/05
Display Board	HIV/AIDS	ETR Associates, 1995 Ed	11/18/04	
Display Board	HIV/AIDS: What To Know	ETR Associates, 1997 Ed	11/18/04	
Display Board	Sexually Transmitted Disease	ETR Associates, 1996 Ed	11/18/04	
DVD	Women Like You	Phizer - NAACP-LA, www.pfizer.com, 2004 Ed	12/30/05	03/31/05
Flier	2005 World AIDS Day	HIV/AIDS, 898-0338		10/30/05
Flier	92% of Women Carry Lip Protection	AmFAR, 2004 Ed	05/12/05	09/30/05
Flier	Aldara Medication Sheet	DHEC		04/30/00
Flier	Bicillin	DHEC		04/30/00
Flier	Ciprofloxin (Cipro) Information	DHEC		01/31/05
Flier	Cleocin	DHEC		04/30/00
Flier	Condylox	DHEC		04/30/00
Flier	Diflucan	DHEC		04/30/00
Flier	Doxycycline	DHEC		04/30/00
Flier	Erythromycin	DHEC		04/30/00
Flier	Facts About Condom Use And Preventing STDs, HIV & Pregnancy	DHEC		03/30/02
Flier	HIV Drug Resistance Client Information Sheet 2005	DHEC / CDC, 2005 Ed	12/30/05	2005
Flier	HIV/AIDS Is Every Women's Problem	Trident, TheWellProject, 2004 Ed	08/12/04	
Flier	HIV/AIDS Prevention Tips	LRADAC	02/02/06	
Flier	Metrogel	DHEC		04/30/00
Flier	National Black HIV/AIDS Awareness Day 2005	DHEC		01/01/05
Flier	Ofloxacin	DHEC		08/30/01
Flier	Rocephin	DHEC		04/30/00
Flier	Suprax	DHEC		04/30/00
Flier	Trobicin	DHEC		04/30/00
Flier	Valtrex	DHEC		05/30/99
Flier	What Kind Of Problem Series - Bacterial Vaginosis	DHEC	04/30/00	04/30/05
Flier	What Kind Of Problem Series - Chancroid	DHEC	04/30/00	04/30/05
Flier	What Kind Of Problem Series - Chlamydia	DHEC	04/30/00	
Flier	What Kind Of Problem Series - Genital Herpes	DHEC	04/30/00	04/30/05
Flier	What Kind Of Problem Series - Genital Warts	DHEC	07/30/03	07/30/05
Flier	What Kind Of Problem Series - Gonorrhea	DHEC	04/30/00	04/30/05
Flier	What Kind Of Problem Series - Mucopurulent Cervicitus	DHEC	04/30/00	04/30/05

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Flier	What Kind Of Problem Series - Non-Gonococcal Urethritis	DHEC	04/30/00	04/30/05
Flier	What Kind Of Problem Series - Pelvic Inflammatory Disease	DHEC	04/30/00	04/30/05
Flier	What Kind Of Problem Series - Pubic Lice	DHEC	04/30/00	04/30/05
Flier	What Kind Of Problem Series - Scabies	DHEC	04/30/00	04/30/05
Flier	What Kind Of Problem Series - Syphilis	DHEC	07/30/03	07/30/05
Flier	What Kind Of Problem Series - Trichomonas	DHEC	04/30/00	04/30/05
Flier	What Kind Of Problem Series - Yeast	DHEC	04/30/00	04/30/05
Flier	World AIDS Day Fliers	DHEC		11/01/04
Flier	Zithromax	DHEC		04/30/00
Flier	Zovirax Tablets	DHEC		04/30/00
Other Material	A Guy's Guide To Health	Securitec, 2005 Ed	12/30/05	
Other Material	A Roll Of The Dice: What Men Need To Know About STDs And AIDS	Churchill Media, 5th Ed	02/13/03	
Other Material	African American Women Makeup 68% Of New HIV Cases	King & King Prod	02/13/03	
Other Material	An Endangered Species: Waking Up - Drama	Richland NE HS/PALSS	05/22/03	
Other Material	Deal, The, Issue 4, 2004	IAD Upstate, Adolescent AIDS, Montefiore Medical Clinic	02/02/06	
Other Material	Female Condom	LRADAC, Female Health Co, CE0088	02/02/06	
Other Material	Fighting Stigma At The Local Level	WRPC, WAD, 2003 Ed	11/20/03	
Other Material	Frequently Asked Questions	PALSS, 05/2004 Ed	08/12/04	
Other Material	Get Informed, Get The Facts About HIV/AIDS & Other STDs	Henry J Kaiser Family Foundation, 2004 Ed	08/12/04	
Other Material	How To Use A Condom	LRADAC, Life Styles	02/02/06	07/01/02
Other Material	It's Your (Sex) Life	Henry J Kaiser Family Foundation, 2004 Ed	08/12/04	
Other Material	Lifesavers - How To Use A Condom	AID Upstate	02/02/06	
Other Material	Living Well With HIV - Self-Care Handbook	Channing Bete, 2004 Ed	12/30/05	
Other Material	Now That You Know	DHEC, 11/2005 Ed		12/30/2005
Other Material	On Preventing STDs	Channing Bete, 2005 Ed	05/12/05	
Other Material	Pass It On Worksheet	LRADAC	08/30/02	
Other Material	Questions And Answers	LRADAC	02/02/06	
Other Material	Red Light/Green Light (Activity)	LRADAC, Rev 2003 Ed	02/02/06	
Other Material	Robbing The Cradle: Setting The Record Straight Vol1, Issue 1 (2004)	SCHAC, 2004 Ed	02/12/04	
Other Material	SC HIV/STD Conference Agenda	Conference Planning Com	08/12/04	
Other Material	SC HLHC - Conference Brochure	SC HLHC	08/23/03	
Other Material	Seasons Of Love	AID Upstate	11/18/04	

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Other Material	The Two Most Complete Ways To Clean Injection Drug Works	LRADAC, <i>American Red Cross</i> , Feb 2003	02/02/06	
Other Material	Using Latex Barriers - Handout	LRADAC	02/02/06	
Other Material	Who Knew? The Abstinence Issues	Channing Bete, 2003 Ed	02/12/04	
Other Material	World AIDS Day 2004	PALSS	11/18/04	
Postcard	HIV Is Hard To Talk About	AID Upstate, Community Marketing Concepts (CMC) Inc, 2000 Ed	02/02/06	11/14/01
Postcard	Save The Date	DHEC		11/01/03
Poster	Because We Love Each Other...We Use Condoms To Be Safe	AID Upstate, Community Marketing Concepts (CMC) Inc, 2000 Ed	02/02/06	11/14/01
Poster	Condomania Fit Kit, The	LRADAC, They Fit website	02/02/06	
Poster	Four Monkeys ... Spread No Evil	LRADAC, Monkey Business Ltd, 1987	02/02/06	
Poster	He May Not Choose To Tell You (Poster)	Between Brothers (SCHAC), 2004 Ed	08/12/04	
Poster	I Only Have Eyes For You (Poster)	King & King Prod	02/13/03	
Poster	If You Got Problems...We Might Have Solutions	AID Upstate, Community Marketing Concepts (CMC) Inc, 2000 Ed	02/02/06	11/14/01
Poster	Looks Are Deceiving	King & King Prod, 2003 Ed	02/12/04	
Poster	No Signs	King & King Prod, 2003 Ed	02/12/04	
Poster	Ostrich Poster	LRADAC	02/02/06	
Poster	Prevent STDs	CDC, www.cdc.gov/hepatitis		09/30/04
Poster	Street Walker	LRADAC	02/02/06	
Poster	Testing For HIV Puts You In Control	AID Upstate, Community Marketing Concepts (CMC) Inc, 2000 Ed	02/02/06	11/14/01
Poster	You Hurt My Mommy!	King & King Prod	02/13/03	
PP Pres	Learning To Live Well With HIV	Channing Bete	12/30/05	09/30/05
PSA / Radio Spot	Rap It Up	BET, 2004 Ed	05/12/05	09/30/05
Survey	2005 MSM Rapid Behavioral Assessments	CDC	05/04/05	
Survey	Anonymous Evaluation Of HIV/AIDS Class	FACE, 2002 Ed	02/13/03	
Survey	Double Jeopardy, Pre/Post Survey	LRADAC	02/02/06	
Survey	Fact Or Fiction	LRADAC	02/02/06	
Survey	HIV Knowledge Pre-test	FACE, 2002 Ed	02/13/03	
Survey	Medical Monitoring Project Interview Protocol	DHEC/CDC, 2005 Ed	12/30/05	06/29/05
Survey	Outcome Survey	Women Health Project	02/13/03	
Survey	Post-Test Testing History Questionnaire	DHEC, 07/2005 Ed	12/30/05	07/27/05
Survey	Pre-Test Testing History Questionnaire	DHEC, 07/2005 Ed	12/30/05	07/27/05
Tablecloth	SC Family/Adolescent & Child HIV Services. Tablecloth	DHEC		07/27/05
Video / Tape	"Let's Do Something Different"	Ed Develop Center, 1986 Ed	01/21/03	
Video / Tape	A Million Teenagers	NYSHD	07/01/03	

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Video / Tape	AIDS In The 21st Century	RC Prod, 1999 Ed	02/10/05	04/11/05
Video / Tape	Bloodline	FACE	02/13/03	
Video / Tape	Coming To Life	NAACP, Dupont	08/12/02	
Video / Tape	Condom Talk	Planned Parenthood - NJ	01/21/03	
Video / Tape	High On Crack Street	AID Upstate, DCTV Video Prod Presents: #D480, 1995 Ed	02/02/06	
Video / Tape	HIV Positive "Get Tested"	Bristol-Myers Squibb	11/14/02	
Video / Tape	HIV/AIDS & African Americans	CDC	11/14/02	11/14/02
Video / Tape	House On Fire	NAACP, Dupont	08/12/02	
Video / Tape	In Our Own Words	Media Works, 1995 Ed	05/13/04	
Video / Tape	Jugandose La Vida	NYDH	11/14/02	
Video / Tape	Just Like You Imagined	Scenario USA, 2002 Ed	08/12/04	
Video / Tape	Living Positive (For High School Students)	GlaxoSmithKline, 2003 Ed	08/12/04	
Video / Tape	Living Positive (For Patients In Treatment)	GlaxoSmithKline, 2003 Ed	08/12/04	
Video / Tape	Living Positive (Newly Diagnosed)	GlaxoSmithKline, 2003 Ed	08/12/04	
Video / Tape	Love Exchange	Ed Develop Center, 1986 Ed	01/21/03	
Video / Tape	Nicole's Choice	King & King Prod, 2002 Ed	02/13/03	
Video / Tape	No More Secrets! No More Lies!	Select Media, 2003 Ed	07/01/03	
Video / Tape	One Small Boy, (Nightline; 12/03/04)	ABC News Prod	02/10/05	04/01/05
Video / Tape	Open Mic: Check Yourself	BET, 2004 Ed	05/12/05	09/30/05
Video / Tape	Positively - Caregivers Of Children Coping With HIV & AIDS	WellMe, 2001 Ed	12/30/05	
Video / Tape	Positively - Young Adults Coping With HIV & AIDS	WellMe, 2001 Ed	12/30/05	
Video / Tape	Safe Sex: Girl Chat	Select Media	07/01/03	
Video / Tape	Sexually Transmitted Diseases	Nat'l Health Video, Inc	05/13/04	
Video / Tape	She Didn't Know	Tin Pan Alley Prod, 1997 Ed	05/13/04	
Video / Tape	Straight Talk	Channing Bete, 1997 Ed	07/01/03	
Video / Tape	Tales From A Teen Clinic	Pyramid, 2002 Ed	08/12/02	
Video / Tape	Talk About Testing	Pyramid, 2002 Ed	08/12/02	
Video / Tape	The Teen Files "The Truth About Sex"	AIMS Multimedia	01/21/03	
Video / Tape	Walking On Sunshine	BET, 2004 Ed	05/12/05	09/30/05
Video / Tape	What Kids Want To Know About Sex And Growing Up	GPN, Children's Television Workshop	01/21/03	
Video / Tape	What You NO Can Save Your Life	ARC	05/13/04	
Video / Tape	When Men Talk About HIV/AIDS	Georgia State Univ	08/12/02	
Website	ACCESS Website Information	ACCESS NTWK, 2003 Ed	02/12/04	